[1009-22]

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MASSACHUSETTS GENERAL HOSPITAL

BULLETIN ONE DECEMBER 10, 1913

THE Executive Committee will gladly receive written communications advising on the policy to be pursued in conducting the medical and surgical affairs of the hospital, and suggestions for appointments when vacancies occur in the hospital staff. These communications will be considered confidential.

A Department of Syphilis has been created. Dr. Abner Post has been appointed a member of the Board of Consultation. Dr. C. Morton Smith has been made Chief of the Department of Syphilis. The department is to be located on the top floor of the Out-Patient Department. The Fruit Street side of the main reception hall is to be partitioned into rooms for the clinic. It is given four beds in Ward G.

The alterations in Ward E will add twelve surgical beds to the capacity of the ward. Several new features are to be used. The ward is to be lighted by the semi-indirect method. Each patient may call a nurse by means of a push-button near the bed. The beds are equipped with casters, and by means of these the beds may be moved to the large veranda on the river side of the ward. There are also push-buttons on the veranda. The kitchen has been enlarged, and the last room in the ward on the right has been made into a bathroom. A nurses' sitting-room has been located at the entrance to the new ward.

The new nurses' home on Fruit and North Grove Streets has recently been opened for occupancy. By the use of this

building, it becomes possible to vacate the temporary nurses' quarters at 90 and 92 Charles Street and 6 McLean Street. There are one hundred and one bedrooms, two suites of bedrooms, sitting-room, and a bath, and a guest chamber with bath adjacent. There are two small sitting-rooms on each floor. The first floor has a large living-room, at each end of which is a fireplace. In the basement is a recreation room with an open fireplace. The building is planned so that, as need may arise, another story may be added.

The Children's Medical Out-Patient Department is to be enlarged by the use of the adjacent corner room, to which a doorway is to be made. The Tuberculosis Clinic, which has occupied this corner room, is to be located in the basement of the Out-Patient building, in part of the room formerly occupied by the X-Ray Department.

The Trustees of the hospital have voted that the rate of board in small single rooms be $4.00 a day, and in Ward B $6.00 a day. Authority is given to the Resident Physician to alter these rates, in individual cases, at his discretion, so that no hardship will be inflicted.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN TWO DECEMBER 16, 1913

A SYSTEM of uniform nomenclature and classification of diseases for hospital use has been under discussion in various medical societies for a long period. The first and most definite move in this direction was made by the International Commission of Medical Statisticians in the production of a so-called "International List of Causes of Death." This list has been accepted by the Governments of the United States, England, Germany, France, and a number of other countries. A classification of medical and surgical diseases for hospital purposes based upon this "International List of Causes of Death" was prepared by Bellevue Hospital some ten years ago, and has been accepted for hospital use in some other institutions. A year ago a committee was appointed by the General Executive Committee of the Massachusetts General Hospital to prepare a classification for the Massachusetts General Hospital. This committee consisted of Dr. R. C. Cabot and Dr. R. B. Greenough, and was subsequently increased by the appointment of Dr. E. H. Risley. The Bellevue Hospital and the "International List of Causes of Death" were considered, and a classification was prepared based upon those lists and uniform with them, but modified to a certain minor extent to conform to the special requirements of the Massachusetts General Hospital and its special departments. This special classification has been printed, and it is the desire of the Administration that it be put into effect January 1, 1914. You are, therefore, invited to consider the enclosed list of diseases and to make yourself familiar with the general principles involved, in order that we may all co-operate, so far as possible, in the efforts to render the published statistics of the Massachusetts General Hospital accurate and uniform with the reports of other hospitals.

Up to the present time the Massachusetts General Hospital has published the statistics of its house cases in the Annual Report in two distinct lists — (1) Medical Diseases; (2) Surgical Diseases. In order to conform to the statistics of other hospitals all of the house cases, whether in the Medical, Surgical or Special Departments, will now be published in one classification. In this way much unnecessary duplication will be avoided. The list of surgical operations, however, which has formed part of the Annual Report for many years will be continued.

It is to be remembered that for statistical purposes, such as life insurance, mortality records, etc., the active agent in the production of a given lesion is the matter of prime consideration. It is desirable to be able to give accurate statistics with regard to such different subjects as (A) injuries caused by railroad accidents; (B) injuries due to conflagrations; (C) the total number of cases of active tuberculosis, including all organs, etc. Such figures are not available in our reports unless by computation. They will be available when the new classification is put into effect.

The technical operation of this classification of diseases may be readily understood by reference to the table of contents. It will be seen that Section I is made up of Infectious Diseases — tuberculosis, typhoid fever, etc. Section II, Diseases caused by Animal Parasites. Section III, Diseases of Metabolism, etc. Section VII, Neoplasms, represents a departure from the previous method of classification in the Massachusetts General Hospital. This is to conform with the "International List," and means merely the collecting together of all tumors, with a subdivision according to the region affected. Section X, Special Skin Diseases, represents an attempt to retain in alphabetical form the diseases peculiar to the skin clinic. This departure from the general plan is made because of the fact that the established classification of skin diseases by alphabetical tables is so widely practiced by departments of Dermatology, that their statistics would be made practically useless on any other basis. Sections XI to XXXVII include diseases of special systems or organs which do not come under the general diseases classified in the previous Sections. So far the Classification is readily understood.

It will be observed that three numbers precede each term in the Classification. The first of these numbers indicates

the section or main division of the Massachusetts General Hospital Classification. The second number indicates the number of the term in that section. The third number represents the number of the International Classification, which corresponds and has reference especially to the etiology of injuries and diseases. Thus, under Section XXV — Diseases of the Liver and Gall Ducts — No. 24, Injuries of the Liver and Gall Ducts, is not followed by a number from the International Classification, but such a number remains to be supplied according to the nature of the traumatic agent. 25-24-172 would mean a wound or injury of the liver produced by a fall; 25-24-175 would mean a wound or injury to the liver produced by an automobile or railroad accident.

It is to be remembered that the duties of the house staff will be completed when they have assigned, as a diagnosis for each individual case, a term which is accepted in this Classification and designated by the appropriate numbers. The tabulation of the statistics of the Hospital for the Annual Report can then be made by the Librarian, without further reference to the hospital records.

You are urgently requested to make yourself and your house staff familiar with the principles involved in this Classification, and to aid the Administration in putting the system into effect.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN THREE DECEMBER 29, 1913

AT a meeting of the Surgical Executive Committee held December 18th the following rules were adopted, and are now published for the guidance of all the Surgeons on the Staff.

RULES FOR THE PROPER USE OF THE SURGEON'S CARD

One of the essential points of the Surgeon's Card is that it gives an authoritative, though brief statement for permanent record. It is, therefore, essential that the surgeon who does the operation should be responsible for its absolute accuracy. If he is later to complain that he received the wrong diagnosis from the House Officer or that such and such an important point was omitted from the record, it can be nobody's fault but his own.

1. Except in cases of great emergency, no anæsthetic shall be given until the surgeon who is going to operate has either written or dictated the salient symptoms for which the patient seeks relief and his own pre-operative diagnosis.

2. All Surgeons' Cards after the operations have been completed shall be kept in a conspicuous place in the Surgeons' Room, until the surgeon who operated has written in the important points of the operation and his post-operative diagnosis.

3. No case shall be discharged from the hospital until either the surgeon who operated or the Visiting Surgeon on duty on the General Service has approved the statement on the complications of convalescence.

This final approval signifies that in the opinion of the surgeon in charge of the case the entire card has been properly and authoritatively filled out. In writing all the items only the salient points which can be expressed in the spaces on the card should be written. In cases where there are numerous symptoms or in which there are important operative points for which the face of the card does not give sufficient room, the surgeon should make additional notes on the back of the card. In case the diagnosis is not clear and the surgeon does not wish to commit himself to one diagnosis he should mention the most likely forms of possible diagnoses.

Under the complications of convalescence even the slightest sepsis should be recorded. For convenience, use one of the following three terms.

1. Trivial — meaning any condition of sepsis, from the slightest failure of perfect primary healing to a general septic condition not severe enough in any way to delay the patient's stay in the hospital, or which would lead to the necessity of having the wound dressed after his leaving the hospital. In other words, sepsis which is only of theoretical importance as indicating an imperfection in technique.

2. Frank — meaning a septic condition of the wound severe enough to delay the convalescence or to need dressing after the patient has left the hospital, or of sufficient degree to weaken the wound so that the ultimate healing will not be sound. In other words, sepsis which any surgeon would admit was sepsis; which caused unnecessary suffering to the patient or loss to the hospital by increased number of dressings and hospital days.

3. Serious — sepsis severe enough to require free opening of the wound or causing symptoms threating or actually leading to serious consequences in the individual case. In other words, sepsis severe enough to menace the life of the patient, or to prevent the ultimate success of the operation.

During the ensuing year beginning January 1st, we hope that a sincere effort will be made to carry out the details above suggested. At the end of the year an Efficiency Study will be made of all the surgical cases and a report edited and typewritten according to the suggestions of the Committee on Hospital Standardization of the Clinical Congress of Surgeons.

SPECIAL ASSIGNMENT CASES

IN order to keep an official list of the cases assigned to individual surgeons for special investigation, a double card as illustrated below will be filled out for each case.

MASSACHUSETTS GENERAL HOSPITAL, Date..... Dr..... .....Ward..... Hosp. No..... has been assigned to you for treatment. After examining, will you kindly notify me whether you will take charge? F. A. WASHBURN, *Resident Physician.* .....series. No.....	MASSACHUSETTS GENERAL HOSPITAL, Date..... DR. F. A. WASHBURN, *Resident Physician:* I have examined, and will take charge of ....Ward..... Hosp. No..... (Initials)..... My.....series. No.....

These cards may be obtained of the head nurse in each ward. The surgeon who accepts the case will merely fill in his own series number on each half, date, sign his initials and send the second half of the card to the office. He should keep the first half of the card for his own use.

In case he does not wish to accept the case he should return the whole card marked "not accepted," so that the case will be at once returned to the general service.

It is hoped that this plan will make the reporting of the results of the special assignments much easier and more accurate than does the present system, for by this plan the surgeon merely has to keep his halves of the special assignment cards, and the recording and tracing of the cases will be done automatically for him by the hospital End Result System.

Even if he does not wish to make a personal effort he can get out a report of some value by merely having his End Result Cards copied from those in the library.

Any surgeon accepting a special assignment is expected to make a report of his cases.

FREDERIC A. WASHBURN,

Secretary Surgical Executive Committee.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN FOUR JANUARY 2, 1914

The following is a list of the Standing Committees:

Affairs of Operating Pavilion

Dr. Daniel F. Jones, *Chairman.*
Dr. Joseph B. Howland
Dr. Hugh Williams

Dalton Scholarship

Dr. David L. Edsall, *Chairman.*
Dr. J. Homer Wright
Dr. Edward W. Taylor
Dr. Charles L. Scudder

Efficiency

Dr. Frederic A. Washburn, *Chairman.*
Dr. Frederick T. Lord
Dr. Daniel F. Jones

Ether Day

Dr. Herman F. Vickery, *Chairman.*
Dr. J. Homer Wright
Dr. Richard C. Cabot
Dr. Roger I. Lee
Dr. Charles A. Porter

Laboratory

Dr. David L. Edsall, *Chairman.*
Dr. J. Homer Wright
Dr. Otto Folin
Dr. Daniel F. Jones

Library

Dr. James J. Minot, *Chairman.*
Dr. Charles L. Scudder
Dr. J. Homer Wright

Publications

Dr. J. Homer Wright, *Chairman.*
Dr. Richard C. Cabot
Dr. Robert B. Greenough

Records

Dr. Algernon Coolidge, *Chairman.*
Dr. Robert B. Greenough
Dr. Charles H. Lawrence, Jr.

Warren Prize

Dr. Charles A. Porter, *Chairman.*
Dr. Charles L. Scudder
Dr. Herman F. Vickery
Dr. William H. Smith
Dr. Algernon Coolidge

Hospital Meetings

Dr. Roger I. Lee, *Chairman.*
Dr. Robert B. Greenough
Dr. Harris P. Mosher

Medical Hospital Meetings

Dr. David L. Edsall, *Chairman.*
Dr. Roger I. Lee
Dr. Arthur K. Stone

Surgical Hospital Meetings

Dr. Ernest A. Codman, *Chairman.*
Dr. Daniel F. Jones
Dr. Hugh Williams

Vote of General Executive Committee, Sept. 19, 1912:

"That the matter of Department meetings be left in the hands of the individual Executive Committees and the heads of Special Departments."

Dr. Francis B. Harrington, Chief of the East Surgical Service and senior member of the active staff of the Hospital has resigned. The Trustees have accepted his resignation, to take effect at the next annual meeting of the Corporation, February 4th, 1914.

The Executive Committee will gladly receive written communications advising on the policy to be pursued in conducting the medical and surgical affairs of the hospital, and suggestions for appointments when vacancies occur in the hospital staff. These communications will be considered confidential.

The Trustees have passed the following vote:

"Resolved, That in making appointments the Trustees will consider the fitness of the applicant for the special services which he will be called on to perform, and will seek to secure the best service available, without being bound by any custom of promotion by seniority."

The following appointments have been made:

Dr. James S. Van Tesslaar, Assistant in the Neurological Department.

Mertin W. Foss, D.M.D, Out-Patient Dentist

Henry J. Skinner, D.M.D. " "

Edward M. Guthrie, D.M.D. " "

Stephen P. Mallett, D.M.D. " "

Lawrence E. McGourty, D.M.D. " "

Chester F. Wolfe, D.M.D. " "

Dr. Orville F. Rogers, Jr., House Officer, Children's Medical Out-Patient Department for three months.

Dr. Abraham Schwartz, House Officer Children's Medical Out-Patient Department for six months.

Dr. P. Challis Barlett, Assistant in Medicine for the Tuberculosis Department.

Dr. George A. Dix, Assistant in Syphilis.

A successful sale of the cement articles made by the handicapped workers in the Out-Patient Department was held at 419 Boylston street for several days preceding Christmas.

The new addition to Ward E is to be used for female surgical cases. Patients may be admitted to this as to any surgical open ward, but the beds are not to be divided arbitrarily between the East and West Surgical Services.

When the Syphilis Clinic is established, the Throat Department will be given one female bed in Ward E.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN FIVE JANUARY 6, 1914

THE following method of referring patients from one department to another in the Out-Patient Department has been approved by the General Executive Committee and is to go into effect on receipt of this bulletin.

In the following suggestions for changes in the system of refers, transfers and consultations, the meaning of the word "refer" has been changed and one rubber stamp is to be used in place of three as at present.

It is assumed that when a patient is referred from one room to another, the receiving department is free to decide whether or not to accept him as a patient.

The department to which the patient belongs means the one stamped on his blue card and first record card.

When a patient is sent from one Department to another his record card shall be stamped —

REFERRED TO .....

FOR .....

After the word TO shall be written the Department to which the patient is sent.

After the word FOR shall be written the reason for sending him.

If the intention of the Department to which the patient belongs is to ask for a consultation, diagnosis, or advice, this fact shall be stated by writing after the word FOR — the word "Consultation" followed by the question on which advice is sought. In this case the Department receiving the patient shall answer the question on the same card, and return it with the patient to the Department asking the question.

If it is the intention of the Department to which the patient belongs that he should be treated if necessary by another Department also, they shall write after the word FOR — a brief statement of the symptoms for which the patient is referred; e. g. "pain in the back"— "adenoids?" etc. The Department receiving the patient will then decide whether he should be treated by them also, in which case they will enter him upon a record card of their own. If they decide otherwise they shall return him and state their opinion of the case upon the record card of the Department from whence he came.

If the Department to which a patient belongs wishes to discharge him, but if he still needs treatment in some other Department they shall write after the word FOR the word "Transfer." The Department receiving him shall then either accept him, in which case they shall draw a line through the name of the Department sending him from his blue card and from his original record card and substitute their own; or else if they do not accept him they shall either return him or send him to the admitting physician.

A Department shall not refer a patient belonging to another Department to a third. Only the Department to which the patient belongs may refer him. He may be returned to the Department to which he belongs with the suggestion that he be sent to a Third. The responsibility for a patient shall remain in one Department.

No patient shall be referred to another Department except by the Physician in charge of the clinic, or some one designated by him, or the clinic manager, and the initials of the person referring the case shall always be put on the record.

Consultations between Departments should be personal if possible, unless the case is an obvious one or the patient has two diseases independent of each other. But in cases of personal consultation, all conclusions should be written on the record card.

Patients sent to a Department for Consultation shall be seen by physician in charge of the clinic or some member of the staff designated by him.

All questions and answers and opinions entered on the record cards shall be signed by the initials of the person making them.

Consultations should have precedence over other cases in a clinic, and should be seen promptly and returned to their own Departments.

If a patient already has a record-card of a second Department it is not necessary to again refer him to that Department, but he may, and in many cases should, be sent there with his record as soon as the first Department can let him go.

FREDERIC A. WASHBURN,
Secretary General Executive Committee.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN SIX JANUARY 17, 1914

IT will be of assistance to the members of the staff to keep the bulletins which are issued from time to time. It is intended to include in these bulletins the affairs of consequence in connection with the hospital as they arise.

The Department of Syphilis will probably be opened on Monday, January 19. The clinic will be designated by the sign "South Medical." Dr. C. Morton Smith will be in charge, with Dr. Abner Post as consultant.

Dr. Murray S. Danforth has been promoted from Assistant in Surgery assigned to the Orthopedic Department, to Assistant Orthopedic Surgeon to Out Patients.

The General Executive Committee has adopted the following rule:

"In hospital cases, the diagnosis shall be written at the end of the record by the house officer, after the visiting physician or surgeon has approved it in detail. If circumstances require that a patient leave the hospital suddenly, before the visiting physician or surgeon has approved of the diagnosis, the diagnosis of the house officer shall be the one accepted; the diagnosis at the end and on the front of the record must be the same in detail in every instance."

The General Executive Committee has determined that:

"Hereafter no patient in the hospital shall be ordered discharged until the physician or surgeon in charge of the case, or the House Physician or House Surgeon on that ser-

vice, has personally examined the patient and pronounced him fit to leave the hospital, and has satisfied himself that the patient understands his directions for future care and treatment. In all cases where there has been an operation, this must include an examination of the wound within twenty-four hours of the time the patient leaves the hospital.

In case of the West Medical Service, the senior house pupil shall take the place of the House Physician in this matter until such time as the latter officer has been appointed to this service."

In the Out-Patient Department, it has been found that letters which are brought by patients are sometimes torn up or thrown in the waste basket. All letters received in the clinics should be returned with the histories to the record room. In this way, the Resident Physician is enabled to answer the inquiries. The physician on duty should not answer the letters. If he wishes, he may furnish notes, otherwise the letter will be answered by the Resident Physician from data on the record card, or after consultation with the house officer.

The success of the Special Assignment Cards, which were mentioned in Bulletin Three, depends largely on the fact that the number is placed by the surgeon in the lower right-hand corner of the card. This number, which shows the position of the case in that surgeon's series, enables the librarian to determine whether all the surgeon's cases have been properly credited.

Dr. William M. Conant has resigned from the position of Visiting Surgeon. The Trustees have accepted his resignation, to take effect February 4, 1914.

The Executive Committee will gladly receive written communications advising on the policy to be pursued in conducting the medical and surgical affairs of the hospital, and suggestions for appoint-

ments when vacancies occur in the hospital staff. These communications will be considered confidential.

The following names have been added to the Record Committee: Dr. Richard C. Cabot, Dr. Joseph B. Howland, and Dr. Edward H. Risley, making the complete committee as follows:

Dr. Algernon Coolidge, *Chairman*
Dr. Richard C. Cabot
Dr. Robert B. Greenough
Dr. Joseph B. Howland
Dr. Charles H. Lawrence, Jr.
Dr. Edward H. Risley

The General Executive Committee requests that each physician or surgeon make the following corrections in his pamphlet on "Classification of Diseases."

Page 1. Insert "Pneumonia."
"1–19A–92" Lobar Pneumonia
"1–19B–91" Lobular (Broncho-) Pneumonia
"1–19C–98" Interstitial Pneumonia

Page 2. Cross out "German Measles." Insert "1–38–19B Vaccination."

Page 3. In "1–60–25B" change the word "Favus" to "Tinea Favosa."
In "1–61–25B" change the words "Mycosis Fungoides" to "Tinea Trichophytina."
In "1–62–25B" change the word "Pityriasis" to "Tinea."

Page 4. Insert "1–86–34G Tuberculosis of mouth and pharynx (Lupus)."
Insert "1–86–34H Tuberculosis of mouth and pharynx (Other than Lupus)."

Page 6. In "2–16–107" add after "Other Animal Parasites" the words "State Organisms."

PAGE 8. In "4–16–151" change the spelling of "Rachitis" to "Rickets."

PAGE 14. In "7–49–46" cross out the words "(except those of Female Genital Organs)."

PAGE 23. Below "10–103–145," opposite the words "Mycosis Fungoides," add "10–103B–145."

PAGE 24. In "10–130–145 Purpura" omit the Roman Numerals "XIII" and insert the Roman Numerals "XXXIX."

In "10–139–145" [Tinea Favosa] change the words "Sec. II" to "Sec. I."

In each of the two following lines change "Sec. II" to "Sec. I."

In the following line omit the brackets and insert before the word "Trichorrhexis" the number "10–139B–145," and omit the words "See Sec. II."

PAGE 48. In "19–36–99" after the words "Tumors of the Palate" insert the words "if of nervous origin, see Sec. XV."

PAGE 53. Insert after "24–4–108" the following: "24–6B–108 Acute Appendicitis, peritonitis."

After { "24–7–105" / "24–8–105" } change in each case the term "[Two years and over]" to "[Children under two years, See Sec. IV]."

PAGE 75. In "39–15–55" insert after the word "Purpura" the words "Cause unknown."

Add "39–24–189 Debility" at the bottom of the page.

FREDERIC A. WASHBURN,
Administrator.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN SEVEN JANUARY 30, 1914

THE General Executive Committee has voted to put into effect the following recommendations of the Record Committee:

"That the attending Physicians and Surgeons be asked to review the house records on the discharge of patients and select one diagnosis for cataloguing, placing any additional diagnoses as 'complications' or 'concomitant diseases.'"

"That each department shall write both diagnosis and classification numbers on every record before handing it in to the record room."

"That the preliminary diagnosis shall not be catalogued."

"That in the Out-Patient Department one diagnosis only shall be written in the space devoted to 'Final Diagnosis,' and catalogued, unless the patient is being treated for more than one independent disease."

On the recommendation of the Laboratory Committee, the General Executive Committee adopted the following rules:

"1. The chemical laboratory is primarily a research laboratory, and permit to work therein shall be granted only to such persons as have adequate training for the particular research which they propose to undertake. Such permits shall be issued only for a definite, limited

time. They shall be granted by the Resident Physician upon recommendation of the Chemist.

No permit shall be issued for work of a commercial or medico-legal character.

Permits are not transferable to assistants or technicians.

Six shall be the maximum number of permits issued for any one period, and when there are applicants for space in the laboratory, in excess of that number, the Resident Physician, after consultation with the Chemist, must decide who is to be given the preference.

2. None of the stock, apparatus, or chemicals shall be taken from the laboratory to be used elsewhere by those working in the laboratory, nor shall any goods be issued to persons not working in the chemical laboratory, except on the written order of the Resident Physician,—provided, however, that workers in the pathological laboratory may withdraw goods when the requests for such goods are approved in writing by the Director of the Pathological Laboratory.

Requests for goods obtainable in the pharmacy should manifestly not be made of the chemical laboratory."

The following is a committee appointed on Public Educational Methods:

Dr. Lincoln Davis, *Chairman*
Dr. Byam Hollings
Dr. Harry Linenthal

In the "Classification of Diseases," make the following changes:

Page 1, last line. Change the word "Common" to "Comma."

Page 4. Add, 1–110A–38K Gonorrheal Salpingitis.
1–110B–38L Gonorrheal Endometritis.

Page 8, second last line. Change the word "Cephal Hematoma" to "Cephalematoma."

The following appointments have been made and approved:

Dr. Frederick A. Coller as House Surgeon from February 1, 1914.

Dr. Charles C. Dennie as Dermatological House Officer for six months, beginning January 1, 1914.

For the convenience of those who wish to keep their Bulletins, a binder marked "Bulletins — Massachusetts General Hospital," may be obtained of the storekeeper for fifty cents.

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN EIGHT FEBRUARY 12, 1914

NOTICES that appear in the Bulletins, giving rules and directions for the guidance of members of the staff, will be considered official, and a personal letter will not always be sent.

The Committee on Hospital Meetings has approved of the following list:

FRIDAY, FEB. 13, 1914.	Orthopedic Meeting.
FRIDAY, FEB. 20, 1914.	Dr. Farrar Cobb, "Cancer of Uterus;" Dr. Harold Giddings, "A Study of Blood-Pressure in Hysterectomies, and Other Radical Operations."
FRIDAY, FEB. 27, 1914.	Dr. Channing Simmons, "Treatment of Osteomyelitis;" Dr. Beth Vincent, "Choice of Methods of Technic in Transfusion of Blood."
FRIDAY, MAR. 13, 1914.	Dr. G. W. W. Brewster, "Report on Cases of Pelvic Inflammation;" Dr. Lincoln Davis, "Report on Cases of Renal Surgery."

FRIDAY, MAR. 27, 1914. Dr. W. J. Mixter, "Report on Cranial Surgery at the Hospital Since 1901;" Dr. E. P. Richardson, "Report on Operation for Hemorrhoids at the Hospital Since 1901;" Dr. T. W. Harmer, "Mixed Toxins (Coley) in Certain Cases of Sarcoma."

FRIDAY, APR. 10, 1914. Dr. D. F. Jones, "Report on the Surgical Treatment of Cancer of the Rectum Since 1900."

FRIDAY, APR. 24, 1914. Dr. E. A. Codman, "The Surgery of the Shoulder Joint."

The Trustees have made the following appointments:

Dr. George W. W. Brewster as Visiting Surgeon.

Dr. John H. Bufford as Assistant Dermatologist.

Dr. John H. Blaisdell as Assistant in the Dermatological Department.

Dr. E. V. Keller as Orthopedic Interne from March 1 to Dec. 31, 1914.

The forms used in making hospital clinical records have been revised. One of the principal objects of the revision is to eliminate as far as possible the loose sheets, such as consultations, medication records, laboratory reports, etc., which have been pasted into the records. New forms

have been printed and distributed, but as their use is apparently not well understood, the following explanation is given:

For the medical services, a clinical chart sheet form No. 352 replaces the old one. Other services continue to use old form of clinical chart. New form No. 354 provides for urine and blood reports, which formerly were recorded by the medical services on the clinical charts, and, in addition, furnishes space in which should be recorded miscellaneous laboratory notes, such as blood cultures, Wassermans, and also consultations. Consultations may be copied from consultation form No. 2, or, if convenient, answers may be written by consultant in the actual records. When the consultations are written in by house officers, the original slips form No. 2 giving opinions should be attached to the records until viséed by the librarian, in order that no errors may occur in copying.

New form No. 355 provides for additional laboratory notes and consultant's opinions.

New form No. 353, medication sheets, are to take the place of the small sheets now used by the medical services (form No. 333), and of the order books used on the surgical services. These sheets may be transferred with patients from one ward to another when remaining on the same service, thus avoiding the necessity of rewriting all orders when transfers are made.

When patients are transferred from medical to surgical service, or vice versa, medication sheets do not go with patient.

Reports from pathological laboratory are to be made on form No. 356, and bound in the clinical records.

Reports of autopsies are to be recorded on form No. 357, and bound in the records.

X-Ray reports are to be transcribed, as they now are, into the records.

Reports from the X-Ray Department, Wassermans, and, when desired, other important reports that are the subject of study in the laboratory, are to be sent with the records to the librarian, upon the discharge of the patient, and the diagnosis finally made is to be written upon the report slips, and these slips are to be sent back to the persons who made the report, in order that they may have the clinical findings as control of their own results.

Forms No. 259, No. 260, and No. 261 for recording blood, feces, and sputum, are discontinued.

The General Executive Committee has passed the following rule:

In order to shorten the stay in the house of patients admitted from the Out-Patient Department, Out-Patient Physicians and Surgeons are hereby requested to take blood for the Wasserman test in the Out-Patient Department from all patients recommended to the house in which this test is indicated.

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN NINE FEBRUARY 19, 1914

THE following changes in the Classification of Diseases should be made:

PAGE 2. Change 1–38–19B to 1–38–20 Vaccination.

PAGE 4. All syphilis diagnoses to have as the third number 37 instead of 36. Omit all letters following No. 38.
Add 1–110C–38 Gonorrheal Peritonitis.
Add 1–110D–38 " Endocarditis
Add 1–110E–38 " Tenosynovitis.

PAGE 8. Add 4–11A–151 Regulation of Feeding.

PAGE 9. Change 4–23–20 Sepsis of Umbilicus to 4–23–152.

PAGE 17. Add 8–28–150 Atresia of Vagina (congenital).

PAGE 19. Add under 9–17–144 Cellulitis, 9–17A–144 Septic Hand, 9–17B–144 Septic Foot, 9–17C–144 Septic Scalp.

PAGE 26. Change under 11–3–81 Aortitis to read (if syphilitic, file under 1–96–37).

PAGE 27. Add under 11–33–78 Acute Endocarditis [Gonorrheal Endocarditis. See Sec. I].

PAGE 38. Change heading of Sec. XVI to read "Diseases of the Bones and Joints, Muscles, Tendons, and Fascia."

PAGE 40. Add 16–40A–36 Scoliosis.

PAGE 41. Add 16–68A–149 Pronated Feet.

PAGE 58. Add under 27–23–117 [Peritonitis Gonorrheal. See Sec. I].

PAGE 75. Change 39–17–189 Diabetes Insipidus to 39–17–55.

It will add to the information which is being gathered by Miss Holton, regarding occupational diseases, if all cases in the Out-Patient Department in which the occupation seems related to the disease are referred to her.

The General Executive Committee passed the following rules:

On Nov. 13, 1913:

"That hereafter, when physicians not members of the staff of the hospital are granted permission to consult the records, that their papers must be submitted to the Resident Physician for his approval before publication."

On Dec. 4:

"That when a vacancy occurs in the position of Chief of a Department, the General Executive Committee will ask the individual members of that department for their preference in filling the position, that such letters be submitted in writing, and be considered confidential by the committee."

On Dec. 11:

"That all patients requiring Bismuth X-Ray examinations of the gastro-enteric tract, not including the œsophagus, shall be referred to the hospital for admission."

On Friday, Feb. 20, 1914, at 8.15 P.M. in the lower Out-Patient Department Amphitheater, Dr. Farrar Cobb will read a paper on "Cancer of the Uterus," and Dr. Harold Giddings will read a paper on "A Study of Blood-Pressure in Hysterectomies and Other Radical Operations."

In Bulletin Seven the opening paragraph of the recommendations of the General Executive Committee should be amended to read as follows:

"That the attending physicians and surgeons be asked to review the house records on the discharge of patients, and to select one diagnosis or more for cataloguing, as may be desired. When a patient is suffering from two or more distinct diseases, these diagnoses should be given. When an additional disease develops as a complication of the primary disease, the complication should be so designated, but a number in the classification need not be supplied."

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN TEN — MARCH 7, 1914

THE Trustees have made the following appointments: Dr. CHARLES L. SCUDDER as Chief of East Surgical Service.

Dr. EDWARD L. YOUNG, Jr., as Genito-Urinary Surgeon to Out-Patients.

Dr. O. R. T. L'ESPERANCE as Assistant in Surgery, assigned to the Genito-Urinary Department.

MEDICAL HOUSE PUPILS

Joseph Charles Aub	April, 1914	19 months
Carl A. L. Binger	August, 1914	18 months
Wade Stanley Wright	August, 1914	18 months
Lawrence Kirby Lunt	November, 1914	18 months
Howard Spencer Colwell	November, 1914	18 months
Archibald Hildreth Beard	April, 1915	16 months
Harold Wentworth Stevens	April, 1915	16 months

SURGICAL HOUSE PUPILS

Orland Franklin Montgomery	May, 1914	21 months
Frank William Marvin	May, 1914	21 months
George Byron Packard, Jr.	August, 1914	21 months
Wayland Augustus Morrison	August, 1914	21 months
Sumner W. Jackson	November, 1914	21 months
Floyd Frost Hatch	November, 1914	21 months
Austin Walter Cheever	February, 1915	21 months
Benjamin H. Alton	February, 1915	21 months

The following has been accepted for vacations in the future for the medical service based on five periods of three months each. The five periods will be known as Senior, First Junior, Second Junior, Senior Externe, and Junior Externe.

At the end of the senior externe's service a vacation of one week will be allowed; at the end of the first junior service, a vacation of two weeks will be allowed.

During the period we are changing from the sixteen to the fifteen months' service, some of the vacations will come at the end of eight months instead of six months.

It is understood that vacations will not overlap, and that no house officer is to begin his vacation until relieved by his successor.

This rule applies to the vacations for the surgical service as well.

The scheme for vacations on the surgical service, whereby a vacation of one week is given after the second sub-junior service, one week after the third junior service, and two weeks after the first junior service, has been accepted.

This scheme is to go into effect with the next change of house officers, provided the incoming men can be obtained early.

The Joint State Board of Labor and Industries require that every physician treating a patient whom he believes to be suffering from poisoning from lead, brass, phosphorus, arsenic or mercury or their compounds, wood alcohol, anthrax, or from compressed-air illness, shall report such illness within forty-eight hours to the State Board of Labor and Industries. Any other ailment or disease which the physician believes has been contracted as a result of the nature, circumstances, or conditions of the patient's employment should also be reported. This takes effect March 1, 1914.

In the Out-Patient Department such cases should be sent after treatment to Miss Holton, the Social Worker in Industrial Diseases, who will make these reports to the Board. A note giving the patient's name, diagnosis, and number should also be left on her desk.

In the Hospital such cases should be reported on special blanks by the House Officer and left in the Secretary's office where these blanks may be obtained.

The General Executive Committee passed the following rules:

On Feb. 26, 1914.

The results of Wassermann reactions shall be given, as far as possible, to physicians who request this information, together with a circular which explains the limitations of this test.

When a diagnosis is in doubt at the time of a physician's inquiry, a letter to him shall state that the "diagnosis has been deferred," instead of giving the provisional diagnosis.

It has been determined by the General Executive Committee that the assessment made each year upon the Staff of the Hospital for the benefit of the Treadwell Library shall be discontinued. The subscription to most of the Journals and the purchase of all books are met by this fund.

The Library Committee, with the approval of the Executive Committee, now ask for voluntary contributions from the Staff for this purpose It is hoped that as much money may be obtained in this way as before, if not more.

These contributions should be paid April 1st to the Chairman of the Library Committee, Dr. James J. Minot, or to the Librarian. The income of the Treadwell Library Fund is spent by the Trustees of the Hospital for the purchase of some of the Journals, the binding of books, and a few other smaller items. The Library Committee feels that it is very desirable that this fund may be so increased that the income thereof shall provide for all expenses connected with the library.

The Committee hopes that members of the Staff will take every opportunity to encourage gifts to the Treadwell Library Fund.

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN ELEVEN MARCH 25, 1914

THE Trustees have accepted with regret the resignation of Dr. JAMES C. WHITE from the Board of Consultation.

The Trustees have created the four titles of Chiefs of the East and West Medical Out-Patient Service, and Chiefs of the East and West Surgical Out-Patient Service.

Dr. FARRAR COBB has been appointed Visiting Surgeon.

Dr. ERNEST A. CODMAN has resigned as Assistant Visiting Surgeon.

Dr. OLIVER E. BIXBY has been appointed Assistant in Medicine to the Children's Medical Out-Patient Department.

Mr. JOSEPH L. SHERRICK has been appointed Medical House Officer for sixteen months, beginning July 1, 1914.

The General Executive Committee has determined that requests for consultation and the question to be answered shall be written in the House Record by the House Officer, and that the answer to the question shall be written in the House Record by the Consultant, and signed by him. The purpose of this is to make certain that the record of the case is available when the Consultant makes the visit to the patient.

The General Executive Committee has decided that the following shall be sent to physicians who inquire concering

the results of Wassermann reactions on patients that they refer to the hospital:

MASSACHUSETTS GENERAL HOSPITAL

INTERPRETATION OF THE WASSERMANN REACTION

The Wassermann reaction consists in determining whether or not a patient's blood serum inhibits the dissolving of red blood corpuscles (hemolysis) in a mixture of certain reagents. In a negative Wassermann reaction the red blood corpuscles are completely hemolyzed; in a perfectly positive reaction there is no hemolysis. All grades of hemolysis may occur. Therefore, three grades of positive reaction are recognized, namely: weakly positive, moderately positive, and strongly positive. The interpretation to be placed on these different degrees of the positive reaction is as follows:

Weakly Positive	Means less than a fifty-per-cent inhibition of hemolysis, and should not be considered of any diagnostic value except in a case of syphilis under treatment, and in which a previous reaction was strongly positive; then it calls for further active treatment.
Moderately Positive	Means an inhibition of hemolysis varying between fifty per cent and ninety per cent. It should be considered diagnostic of syphilis only in connection with strong clinical evidence. In a case of syphilis which has been treated it calls for further active treatment.
Strongly Positive	Means complete inhibition of hemolysis, and is to be considered as diagnostic of syphilis.

The Wassermann reaction is not absolutely specific for syphilis.

A positive reaction, not due to syphilis, is obtained in yaws, trypanosomiasis, and leprosy, and, according to some authorities, may also be obtained in rare instances in other conditions such as scarlet fever, malaria, lobar pneumonia, diabetes mellitus, and immediately following ether anesthesia.

A negative reaction is obtained in many cases of syphilis during treatment with salvarsan or mercury, and may occur in alcoholics.

Antisyphilitic treatment must be omitted for two months before a negative Wassermann reaction can be considered to have any diagnostic value.

The blood to be tested by the Wassermann reaction must be used as fresh as possible, before hemolysis due to warmth or bacterial con-

tamination has taken place. The blood can be kept in good condition for the test for forty-eight hours if placed in a refrigerator.

At a meeting of the Surgical Executive Committee held March 12, it was voted "that all present surgical assignments shall terminate April 1, 1914."

The following assignments are to take effect on and after April 1, 1914:

On the West

Dr. S. J. Mixter Dr. W. J. Mixter (2d)	Tumors of the Central Nervous System until February 1, 1915.
Dr. C. A. Porter	Exophthalmic Goitre until February 1, 1915. Peripheral Nerve Surgery until February 1, 1915. (2d), Gastric Surgery until August 1, 1914.

On the East

Dr. C. L. Scudder	Gastric Surgery until February 1, 1915. Lung Abscess " " 1, " Fracture Cases " " 1, "
Dr. F. G. Balch	Prostatic Hypertrophy until February 1, 1915.
Dr. D. F. Jones	Rectal Carcinoma until August 1, 1914.
Dr. J. B. Hartwell (3d)	Tumors of the Central Nervous System until February 1, 1915.

Somewhat previous to August 1st, the Surgical Executive Committee will consult with the Staff coming on duty at that time, in order to learn whether anyone may have in mind a problem for assignment.

There has been a change in the Committee on Surgical Hospital Meetings. It now consists of:

Dr. George W. W. Brewster, *Chairman.*
Dr. Daniel F. Jones.
Dr. Hugh Williams.

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN TWELVE JUNE 6, 1914

The following appointments have been made:

Dr. ARTHUR K. STONE, Chief of the West Medical Out-Patient Service.

Dr. HENRY F. HEWES, Chief of the East Medical Out-Patient Service.

Dr. BETH VINCENT, Chief of the West Surgical Out-Patient Service.

Dr. CHANNING C. SIMMONS, Chief of the East Surgical Out-Patient Service.

Dr. WYMAN WHITTEMORE, as Surgeon to Out-Patients.

Dr. RICHARD H. MILLER, as Assistant Surgeon to Out-Patients.

Dr. RICHARD S. EUSTIS, as Assistant Physician to the Children's Medical Out-Patient Department.

Mr. HAROLD W. STEVENS, as House Officer to the Children's Medical Department for six months, beginning April 1, 1914.

Dr. FARRAR COBB has been given the assignment of Cancer of the Uterus until August 1, 1914.

An examination by the Genito-Urinary Department of 105 cases of "Sterility" in the female has led to the following suggestion by the Surgeon in

charge of that department, which has been approved by the General Executive Committee.

> "It is strongly recommended that no woman, otherwise normal, be referred from the Out-Patient Department for operation for sterility until the husband has first been examined, and that operation on those referred to the House from other sources be deferred until after such an examination."

The Chemical Laboratory is prepared to furnish assistance along chemical lines in the following classes of cases:

1. In emergency cases of poisoning where, in the opinion of the Visiting Physician or Surgeon, or House Physician or Surgeon, chemical tests may offer assistance in diagnosis, treatment or prognosis, such tests will be made as promptly as possible and without previous arrangement.

2. In cases where special chemical tests other than those done by the House Officers are desired. In this class of cases examinations can be made only on the basis of a previous specific arrangement with the Chemist or Assistant Chemist. Such an arrangement must be made for each examination desired. By such previous consultation the physician may learn that the determination or tests sought have no value unless the patient involved is under careful supervision as to diet, etc. This applies to all quantitative urine work.

3. As the Chemical Laboratory is primarily a research laboratory and is therefore not equipped

for routine work, it will be impossible as a rule to undertake long series of tests for members of the hospital staff who merely desire to secure statistics.

4. Quantitative determinations made on blood and urine take much more time than rough chemical tests, and while it is important that the Staff should be able to obtain such quantitative work when it may prove helpful, it is equally important that such work should be done under the same conditions which govern the chemical research work.

In Bulletin Ten — March 7, 1914 — notice was given that in the future the usual annual assessment of the Staff, for the Treadwell Library, would be discontinued. In place of this assessment voluntary contributions were asked for, which should be paid by April 1st, to the Chairman of the Library Committee, Dr. James J. Minot.

The contributions so far amount to $82, while the assessments of last year brought $240. The larger part of the journals and all the new books are paid for by the money subscribed by the Staff, so that the need of additional contributions is self evident.

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN THIRTEEN JULY 20, 1914

The General Executive Committee has approved the recommendation of the Dental Department that the service rendered by the Dental Clinic shall be limited in the following way:

1st. Relief of pain to anyone applying for relief.

2d. Extraction of teeth and treatment of surgical conditions of the mouth to those applying.

3d. Treatment of patients referred from other clinics of the Hospital.

4th. Treatment of house patients, nurses and employees as may be necessary.

5th. Treatment of a selected group of school children.

In connection with number 5 the general plan would be to take 150 or 200 children from a given school and clean and put their mouths in perfect order before another set would be taken. While this group is being treated, instruction would be given regarding the care of the mouth, and how to keep it clean, after it had been put in order. These children could be followed up and required to report at regular intervals, to make sure they were following instructions.

A follow-up system in the home might be established and the co-operation of the parents enlisted.

This plan, if succesful, would establish a great preventive clinic and a knowledge of dental hygiene would be spread among the children of the West End. It seems that this matter of *prevention* is the only hope for improved dental conditions.

The following appointments have been made: Dr. Lesley H. Spooner and Dr. Harry Linenthal as Physicians to Out-Patients; Dr. Harry C. Berger as House Officer in the Children's Medical Department for the six months beginning July 1, 1914; Dr. Custis Lee Hall as House Officer in the Orthopedic Department for the year beginning July 1, 1914.

The Trustees have decided to create the positions of Obstetrician and Assistant Obstetrician, and have asked the General Executive Committee for nominations.

Dr. Louis H. Newburgh and Dr. Oswald H. Robertson have been appointed Dalton Scholars for the ensuing year.

At a meeting of the Surgical Executive Committee, held July 14, it was voted:

That it is the sense of this Committee that the surgeon in charge of a patient in the House should call for and examine the records on each visit, thus to stimulate better records by the House Officers.

That the surgeons should write on the surgeons' cards the essential points of the operation, and the reason for choosing certain procedures.

That the Secretary be asked to send a letter to each of the Visiting Surgeons and Assistant Visiting Surgeons who come on duty August 1st, asking them if they have any special subject which they wish to take up.

Hereafter, members of the Staff desiring access to the X-ray records and plates in hours when the Department is closed, will make application to the Emergency X-ray Operator on duty, who will open the Department and produce the plates and records required.

It is requested that all members of the Staff use this privilege only when it is absolutely necessary, trying, as far as possible, to make the hours when they use the plates and records those in which the Department is regularly open.

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN FOURTEEN SEPTEMBER 21, 1914

AT a meeting of the Surgical Executive Committee it was voted to make use of a Fracture Card as shown below. The purpose of the Fracture Card is to record accurately the essential features in the diagnosis and treatment of all fracture cases that are seen in the Hospital.

A card is to be made out for each fracture case when it is discharged from the House; when it is discharged from the Accident Ward; and when it is first treated in the O. P. D. (provided the case has not previously been treated in either the House or Accident Ward.) Whenever an O. P. D. case

MASSACHUSETTS GENERAL HOSPITAL

FRACTURE CARD

Name . . . . . *Age* . . . M or F *Series No.* . . . . .
Address . . . . . M. S. W. D. *Hosp. No.* . . . . .
Occupation . . . . . White or Col. *O. P. D. No.* . . . . .
Service: East Surgical, West Surgical, Accident Ward, O. P. D.
Date of Trauma . . . . . *Trauma:* Direct, Fire arm
First treatment at M. G. H. . . . . . Indirect, Fall
Discharged from House . . . . . Machine
Discharged from O. P. D. . . . . . Pathological Vehicle
Rec. fr. O. P. D. to House . . . . . Animal
Diagnosis . . . . . Right . . . . . Left . . . . .
Fracture: Closed, Open, Subperiosteal, Greenstick, Into Joint, Transverse, Oblique, Comminuted.
Treatment . . . . . *Anesthesia* . . . . . .
Operator . . . . . *Date* . . . . . .
Dressing Wound at Discharge . . . . . *Condition of Skin* . . . . . .
Bandage Splints Plaster . . . . . .
Reapplication to be . . . . . *Removal to be* . . . . . .
Shortening { After trauma . . . . . *Nerve* { Present Before operation
After treat. . . . . *Involvement* { Absent After operation
X-Ray No. . . . *No. Sets* . . *Zander* Begun Recommended . . Not recommended
. . . . . *Surgeon* . . . . . *House Officer*

is referred to the House and later returns to the O. P. D., a new card with the House data is to be made out.

The Fracture Cards will be filed in a special drawer in the O. P. D. record room. When a fracture case makes his first visit to the O. P. D. after discharge from the House or Accident Ward, the Fracture Card will accompany the O. P. D. record to the surgical department. At subsequent visits, if the Fracture Card is needed, it must be signed for before delivery from record room.

The blank spaces to be filled out on the Fracture Card are self-explanatory. Where possible the facts to be recorded have been arranged so that the important points may be underscored. On the reverse side the location of the lesion is to be made on the diagrams, and additional data of any sort (such as prognosis, Wassermann reaction, etc.) are to be recorded under "Remarks."

These cards will be in use October 1st, 1914.

The following appointments have been made: Dr. Franklin S. Newell as Obstetrician of the General Hospital; Dr. Herman W. Marshall and Dr. Louis A. O. Goddu as Assistant Orthopedic Surgeons to Out-Patients; Dr. Paul D. White as House Physician for the West Medical Service; Dr. John W. Hammond, Jr., as Assistant Physician to the Children's Medical Out-Patient Department, and Dr. Joseph A. Levek as House Officer to the Children's Medical Department for the service beginning October 1st, 1914.

It is the sense of the General Executive Committee that the present method of refusing admission to the Out-Patient Department to patients sent by physicians for consultation or diagnosis only, should be changed so that as a rule such patients are admitted; if, however, the Resident Physician considers that they are not suitable cases for the Out-Patient Clinics, he will refuse them admission.

The following assignments are arranged for the next term ending February 1, 1915:

Tumors of the Central Nervous System:

Dr. S. J. Mixter, W. S.
Dr. W. J. Mixter, W. S. } Apr. 1, '14, to Feb. 1, '15.
Dr. J. B. Hartwell, E. S.

Exopthalmic Goitre:

Dr. C. A. Porter, W. S., Apr. 1, '14, to Feb. 1, '15.

Peripheral Nerve Surgery:

Dr. C. A. Porter, W. S., Apr. 1, '14, to Feb. 1, '15.

Gastric Surgery:

Dr. C. L. Scudder, E. S., Apr. 1, '14, to Feb. 1, '15.
Dr. G. W. W. Brewster (2), E. S., Aug. 1, '14, to Feb. 1, '15.

Lung Abscess

Dr. C. L. Scudder, E. S., Apr. 1, '14, to Feb. 1, '15.

Fracture Cases:

Dr. C. L. Scudder, E. S., Apr. 1, '14, to Feb. 1, '15.

Prostatic Hypertrophy:

Dr. F. G. Balch, E. S., Apr. 1, '14, to Feb. 1, '15.

Carcinoma of the Rectum and Diseases of the Large Intestine:

Dr. D. F. Jones, E. S., Aug. 1, '14, to Feb. 1, '15.

Splenic Anæmia:

Dr. Beth Vincent, W. S., Aug. 1, '14, to Feb. 1, '15.

Arrangements have been made so that Out-Patients who require immediate bismuth X-ray examinations may now be sent directly to the X-Ray Department without the necessity of their admission to the Wards. Requests for such examinations must be approved by the Assistant Resident Physician in charge of the Out-Patient Department.

In view of the greater expense in the X-Ray Room, it has been decided to increase the charges for X-ray plates in the Out-Patient Department and in the House. Out-Patient and Accident Ward cases will be charged one dollar for routine X-ray examinations; patients for bismuth examination will be charged three dollars; the open ward and private room charges in the Hospital remain as formerly; patients in Ward "B" will be charged from five dollars to twenty dollars for X-ray examination.

It would be of great assistance if physicians, when requesting X-ray examinations, would mark in blue pencil the area on the body which they wish X-rayed. In this way a smaller plate may be used, thus avoiding expense and delay.

The following statement is issued to show the amount of work done in the X-Ray Room during the first six months of 1914, and to acquaint the members of the staff with the work of the department.

Total number of patients treated, 5,706.
" " " plates taken, 8,804.
Number of patients given treatment only, 577.
" " " having X-ray plates, 5,129.

Average number of plates per patient, 1.716.
" " " patients treated daily, 31.5.
" " " plates daily, 48.64.
Number of patients from the Out-Patient, 2,457.
" " " " " House, 2,037.
" " " " " Accident Ward, 566.
" " private patients, 69.
The sum expended for plates alone amounted to $2,837.45.
Average cost of taking a plate, $1.20.
Deficit for the six months, $3,952.18.

Many of the drugs used in the hospital come from foreign sources. The prices have increased, and in some cases the future supply is likely to be cut off. The use of Salvarsan and Neo-Salvarsan has been limited by the Staff to patients whose condition absolutely requires this treatment. There are other drugs such as carbolic acid, digipuratum, veronal and veronal soda, aspirin and Russian oil which may be unobtainable later, and while an extra supply has been purchased for the hospital, it is advisable to reduce the use of these to the lowest terms consistent with the satisfactory care of the patients.

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN FIFTEEN NOVEMBER 19, 1914

AT a meeting of the General Executive Committee held February 20, 1913, it was voted:

"That each member of the Medical, Surgical and Laboratory Staffs be required to make a brief written statement annually to the Executive Committee upon the work done by him during the year. These statements shall first be submitted to the Chief of the service in which the work is done. The Medical Chiefs shall submit to the Executive Committee, with any comments they desire to make, the reports from their departments on the first Thursday in December, the Surgical Chiefs on the second Thursday in December, and the representative of the special departments on the third Thursday in December. When the reports contain statistics for the year ending with December, blank spaces may be left in the text and filled in at the end of the month."

All members of the Hospital Staff are requested to note the above vote of the General Executive Committee and comply therewith.

At a meeting of the General Executive Committee held July 17, 1913, it was decided to allow members of the Staff to use the Hospital Plate of the Bulfinch Front on the front page of books published by them. Permission to do this may be obtained from the Resident Physician with the approval of the Publication Committee.

The General Executive Committee has determined that the Admitting Physician in the Out-Patient Department shall admit direct to the Genito-Urinary Department any female cases which he believes to be of the urinary group. In the past the Female Genito-Urinary Department has been a subsidiary clinic to which patients were admitted only by reference from another department.

The General Executive Committee has decided that all cases of Acute Gonorrhea in women shall be treated in the Genito-Urinary Department. Patients now under treatment for this condition in other departments should be transferred at once to the Female Genito-Urinary Department.

The Surgical Executive Committee has voted that all cases of Gangrenous Periurethritis be admitted to the Genito-Urinary service and assigned to Dr. J. Dellinger Barney for the period of one year from the present date.

The Trustees have created the position of Chief of Hospital Social Service and Miss Ida M. Cannon has been appointed in this capacity. This places Miss Cannon at the head of the department in the wards of the hospital and her position is similar to that of the Superintendent of Nurses in relation to the Resident Physician.

When a patient in the Out-Patient Department cannot be found in the department where his record is located, the record shall be immediately returned to the Record Room. When a record cannot be found in the department where the patient is, a search for that record shall begin in the Record Room.

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN SIXTEEN FEBRUARY 5, 1915

THE Trustees accepted with very great regret the resignation of Doctor Samuel J. Mixter as Chief of the West Surgical Service at the Massachusetts General Hospital, to take effect January 1, 1915, and appointed him a member of the Board of Consultation.

The resignation of Doctor Herman F. Vickery was accepted by the Trustees with great regret to take effect at the Annual Meeting. He has been appointed a member of the Board of Consultation.

Dr. Frederic A. Washburn has been appointed Superintendent of the Mass. Charitable Eye and Ear Infirmary and began his duties there on January 1, 1915. This is in addition to his present position as Administrator of the General Hospital.

Dr. Charles E. Wells has resigned his position as Assistant Resident Physician at the General Hospital and accepted the position of Assistant Superintendent at the Massachusetts Charitable Eye and Ear Infirmary.

Dr. John F. Bresnahan has been appointed to the position of Assistant Resident Physician.

Dr. F. Gorham Brigham has been appointed Assistant Physician to Out-Patients.

Dr. Charles C. Dennie has been appointed Assistant for one year in the South Medical Department, Out-Patient Department.

Dr. James A. Wood has been appointed House Officer to the Children's Department for the term beginning January 1, 1915.

Dr. Thomas M. Foley has been appointed House Officer in the Orthopedic Department for the term of service beginning January 1, 1915.

The Trustees have authorized the publication of the annual report in two volumes this year. Volume A will contain the affairs of the Corporation, the report of the Trustees, the business affairs at the General Hospital, and the reports of the McLean Hospital and Convalescent Hospital. Volume B will contain the medical, surgical, and scientific statistics of the General Hospital in Boston. It will consist largely of the Report of the General Executive Committee of the activities in which it is engaged.

The Trustees have created a Sub Department of Tropical Medicine at the General Hospital. The Department will contain ten beds taken from the present medical wards of the hospital. Dr. Richard P. Strong has been appointed Chief of this Department.

The following men have been appointed house pupils by the Trustees:

MEDICAL HOUSE PUPILS

William J. Kerr Langdon T. Thaxter	August 1, 1915.
Leonard M. VanStone Adolph G. C. Schnack	November 1, 1915.
Arlie V. Bock Newton S. Stern	February 1, 1916.
Arthur E. Strauss Harry A. Durkin	May 1, 1916.

SURGICAL HOUSE PUPILS

John S. Hodgson	February 1, 1915.
Earl Bloomer Edgar C. Cook	May 1, 1915.
Paul Appleton Kenneth L. Dole	August 1, 1915.
Edwin N. Cleaves Arthur M. Jackson	November 1, 1915.
William A. Perkins George F. Dwinell	February 1, 1916.

The Surgical Executive Committee has made the following assignments:

Exophthalmic Goitre:

Dr. C. A. Porter, W. S., Feb. 1, 1915, to Feb. 1, 1916.

Peripheral Nerve Surgery:

Dr. C. A. Porter, W. S., Feb. 1, 1915, to Feb. 1, 1916.

Gastric Surgery:

Dr. C. L. Scudder, E. S., Feb. 1, 1915, to Feb. 1, 1916.
(2) Dr. C. A. Porter, W. S., Feb. 1, 1915, to Aug. 1, 1915.
(2) Dr. G. W. W. Brewster, W. S., Aug. 1, 1915, to Feb. 1, 1916.

Lung Abscess:

Dr. C. L. Scudder, E. S., Feb. 1, 1915, to Feb. 1, 1916.

Fracture Cases:

Dr. C. L. Scudder, E. S., Feb. 1, 1915, to Feb. 1, 1916.
(2) Dr. R. B. Greenough, W. S., Feb. 1, 1915, to Feb. 1, 1916.

Prostatic Hypertrophy:

Dr. F. G. Balch, E. S., Feb. 1, 1915, to Feb. 1, 1916.

Carcinoma of the Rectum and Diseases of the Large Intestine:

Dr. D. F. Jones, E. S., Feb. 1, 1915, to Feb. 1, 1916.
(2) Dr. Lincoln Davis, E. S., Feb. 1, 1915, to Feb. 1, 1916.

Carcinoma of the Uterus:

Dr. Farrar Cobb, E. S., Feb. 1, 1915, to Aug. 1, 1915.
(2) Dr. Lincoln Davis, E. S., Feb. 1, 1915, to Aug. 1, 1915.
(1) Dr. Lincoln Davis, E. S., Aug. 1, 1915, to Feb. 1, 1916.

Cancer of the Tongue, Mouth, and Jaw:

Dr. R. B. Greenough, W. S., Feb. 1, 1915, to Feb. 1, 1916.

Surgery of the Central Nervous System, including Fractures of Skull and Spine:

Dr. W. J. Mixter, W. S., Feb. 1, 1915, to Feb. 1, 1916.

Cases of Splenectomy in Cases of Splenic Anæmia:

Dr. Beth Vincent, E. S., Feb. 1, 1915, to Feb. 1, 1916.

The General Executive Committee has accepted the following recommendations of the Efficiency Committee dealing with the discharge and follow-up of patients from the hospital:

1. That discharge instructions to patients be given by house physicians and house surgeons.

2. That the Out-Patient discharge slip be filled out by house physicians and house surgeons.

3. That the patient or a responsible member of his family be informed by the house physician or house surgeon as to the nature of his illness or the results of operation with such discrimination as the situation demands.

4. That in case it seems wise to notify the family physician concerning the nature of the illness, the results of operation or the treatment recommended, permission be obtained from the patient by the house physician or house surgeon before the family physician is so notified, according to Form 131.

5. That the discharge blank, Form 116, be altered and filled out by the house physician or house surgeon. The blank when filled out shows whether or not in the opinion of the house physician or house surgeon the patient *should* report to the Out-Patient Department at a given date or *is to report only if necessary*. In case the report of the patient to the Out-Patient Department is deemed imperative by the house physician or house surgeon, as indicated on the discharge slip and the patient has not appeared on that date, the record room sends a postal card asking the patient to come immediately, if he has not consulted his family physician since his discharge.

6. That verbal instructions by the house physician or house surgeon be supplemented by a form of instruction, when such exists, and that instruction of patients in preventable diseases or those dangerous to the public health be supplemented by the Social Service Department when advisable.

Miss Emerson has been appointed Assistant to the House Social Worker, and in this way, the House Social Service Worker is given sufficient time to aid in the instructions of patients on their discharge.

A new coat-room has been opened for the use of the Staff and visiting physicians next to the Accident Room. Members of the Staff are requested to use this room instead of the House Officer's room which has been used in the past.

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN SEVENTEEN MARCH 8, 1915

THE General Executive Committee has requested the Neurological Department to detail one of its number to see emergency cases involving the brain and spinal cord at the hospital. Dr. Walter E. Paul has been detailed for this work at present, with Dr. E. W. Taylor and Dr. George Clymer as alternates. It is planned to send for the neurologist in these emergencies the same as for the surgeon.

The Surgical Executive Committee has voted to assign all cases for proctoscopic examination in the Out-Patient Department to Dr. Wyman Whittemore. Dr. Richard H. Miller has been made second on this assignment. It is suggested that Thursdays be set for such proctoscopic examinations.

A collection has been started for teaching purposes in the Surgical Pathological Laboratory. Any surgeon interested in securing a group of specimens to be used for teaching or illustrating kindly speak to Dr. Whitney or Dr. H. F. Hartwell.

Dr. George R. Minot has been appointed Assistant in Medicine.

At a meeting of the General Executive Committee it was voted to change the title of Clinic Manager to that of Clinic Secretary.

The announcement made in the last Bulletin of the appointment of Miss Emerson as Social Service Worker in the hospital was not clearly worded.

Miss Cannon is the Chief of Hospital Social Service. Her two assistants in the wards are Miss Dibblee and Miss Emerson. It is planned at the present time to use the services of Miss Dibblee, who is a trained nurse, more particularly for the instruction of patients in hygiene and after care, according to the rules of the General Executive Committee as outlined in Bulletin 16. Miss Emerson's work will be more strictly social service work, and she will be the direct agent in the wards of the Visiting Ladies. All this, of course, is through Miss Cannon as head of the Department.

TREADWELL LIBRARY ANNOUNCEMENT

It is desired to call attention to the work being carried on in the Treadwell Library, with which many of the more recently appointed members of the Hospital Staff are probably unfamiliar. It has been the custom for several years to post bulletins of current periodical literature upon topics of special interest to this Hospital, or of interest because of recent discovery. This work was

dropped about eighteen months ago, but was resumed on January 1, 1915, and will be continued. The subjects at present bulletined are:

Anesthesia.
Industrial diseases.
Pellagra.
Splenectomy for anemia.
Transfusion.
Tropical diseases.

The librarian will be glad to be notified of further subjects upon which lists are desirable. These lists are placed on permanent file when taken from the board, and may be consulted at any time.

Following is a list of books recently accessioned:

Transac., Amer. Laryngol. Ass'n. Vol. 36. 1914.
Annual Report of Librarian of Congress. 1914.
Diseases of the Bronchi, Lungs, and Pleura. Lord. (Gift of the Author.)
Mechanical Factors of Digestion. Cannon.
Carrier Problem in Infectious Diseases. Ledingham and Arkwright.
Lead Poisoning and Lead Absorption. Legge and Goadby.
Clinical Electrocardiography. Lewis.
Harvard University Catalogue. 1914–1915.
Transac., Amer. Surgical Ass'n. 1914.
Transac., Amer. Ass'n of Genito-Urinary Surgeons. 1914.
Index-Catalogue of the Library of the Surgeon-General, U. S. Army. Vol. XIX.

During the last year subscription has been made to cards issued monthly by The Indexers,

of Chicago, which catalogue all original papers appearing in the Annals of Surgery, and in Surgery, Gynecology, and Obstetrics, and all surgical papers appearing in the Journal of the American Medical Association. These cards are filed in our regular catalogue of medical literature, and make a valuable addition.

At a late meeting of the Library Committee the rules of the library were revised, and in the revised form may now be found posted on the entrance doors of the main reading-room. Library notices will be published in future issues of the Bulletin.

A fine photograph of the late Dr. R. H. Fitz, framed and ready to hang, has been presented to the Library.

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN EIGHTEEN MAY 26, 1915

THE Trustees have authorized the signing of contracts for the Administration Building. This building is to be opposite the new Nurses' Home and face the Out-Patient Building. When completed it will be used as the main entrance to the hospital.

In the basement there is to be the Emergency Ward with suitable operating and examining rooms. There is also to be a central clothes room for the patients of the entire hospital.

On the first floor will be located the business offices, reception rooms, waiting rooms for the friends of patients, and the offices used in the admission of patients.

On the second floor there will be the new Treadwell Library with fireproof rooms for the care of the invaluable hospital records. On the remainder of this floor and the third and fourth floors there will be small suites and rooms for resident physicians and house pupils.

The building will be fireproof throughout and will connect with the present Weld Ward corridor.

The architects are Shepley, Rutan & Coolidge.

The Trustees have authorized the destruction of Wards A and B, and this work is now progressing. Ward F is then to be moved back to a location opposite Ward D at about the point where Wards A and B now stand. Ward F will be raised and become an upper ward, and underneath will be built a new ward to take the place of Ward A. This work is preliminary to erecting a private pavilion which will probably be a high building facing Charles Street, and occupying the part of the hospital grounds in the vicinity of Ward F.

The Trustees have made the following appointments:

Dr. A. W. Sellards as Assistant in Medicine, assigned to the Sub-Department of Tropical Medicine.

Dr. Elliott C. Cutler as House Surgeon of the West Surgical Service, beginning August 1, 1915.

Dr. George A. Waterman as Neurologist.

Dr. George S. Derby as Assistant Ophthalmologist.

Dr. Ralph A. Hatch as Assistant Ophthalmologist.

Dr. Eben W. Fiske as Assistant in Surgery, assigned to the Orthopedic Department.

The following house officers have been appointed:

Dr. Zaccheus R. Scott as Children's Medical House Officer, beginning April 1, 1915.

Dr. Harry A. Durkin as Children's Medical House Officer, beginning July 1, 1915.

Dr. Hugh K. Berkeley as Children's Medical House Officer, beginning October 1, 1915.

Dr. Roy C. Abbott as Orthopedic House Officer, beginning July 1, 1915.

Dr. William J. Kerr as South Medical House Officer, beginning April 1, 1915, for three months.

The trustees have also created the position of Consultant in Contagious Diseases. Dr. Edwin H. Place has been appointed to the position.

Dr. Fred M. Spalding has resigned his position as Assistant Ophthalmologist.

Dr. Harry L. Langnecker has resigned his position as Assistant in Surgery.

The General Executive Committee has decided that Dr. Hawes' clinic in the Out-Patient Department shall be named the Clinic for Treatment of Non-Pulmonary Tuberculosis.

Treadwell Library Notes.

The following is a list of new books received since the last Bulletin was issued:

Progressive Medicine; March, 1915.
Transactions of the American Laryngological, Rhinological, and Otological Society; 1914.
Transactions of the New York Surgical Society; 1913.
Transactions of the College of Physicians of Philadelphia; 1914.
Report of the President and Treasurer of Harvard College; 1913–1914.
Tropical Medicine. Castellani and Chalmers.
Pathological Histology. Mallory.
Massage. Graham. (Gift of the Author.)
Deformities Including Diseases of Bones and Joints. 2 vols. Tubby.
Annual Report of the Massachusetts State Board of Health; 1913.
Studies from the Rockefeller Institute for Medical Research. Vol. 20.
United States Public Health Service; Weekly Reports. 1914.
The Gold-Headed Cane. MacMichael.

The last-mentioned book on the above list is a new edition of a fascinating

contribution to medical biography, written in 1827. This famous Cane, carried successively by Drs. Radcliffe, Mead, Askew, Pitcairn and Baillie, was finally presented to the Royal College of Physicians, London, where it now occupies a glass case in the Library of the College.

Additional subjects upon which literature is bulletined:

Anatomical study of renal tuberculosis.
Hematogenous infection of kidney.
Suppurative nephritis.
Diagnosis and treatment of cerebrospinal syphilis.
Physiology of digestion following gastro-enterotomy.

Notice of further subjects desired by members of the Staff will be welcomed.

The annual meeting of the Medical Library Association was held in Washington, D. C., on the afternoon and evening of May 10th. The afternoon program was technical, and included addresses by three representatives of the Library of Congress, and an interesting exhibit of Special Bindings at the Washington Public Library. At the evening meeting two valuable papers were read, followed by a report of a Special Committee on Library Statistics, and later by music and a buffet supper. The meeting was largely attended, and the Treadwell Library was represented by its Librarian.

The following numbers in the Classification of Diseases should be corrected:

7–78–47 should read 7–78–74.
16–28–147 should read 16–28–. The third number is assigned according to causative agent.
31–10–98 should read 31–10–94.
The direction in brackets following 15–73–74 should read [Tumor. File 7–64–46.]

New periodicals added to our subscription list:

Chemical Abstracts.
Journal of Pharmacology and Experimental Therapeutics.

The following is a list of the Standing Committees:

Affairs of Operating Pavilion
Dr. Daniel F. Jones, *Chairman*
Dr. Joseph B. Howland
Dr. Hugh Williams

Dalton Scholarship
Dr. David L. Edsall, *Chairman*
Dr. J. Homer Wright
Dr. Edward W. Taylor
Dr. Charles L. Scudder

Efficiency
Dr. Frederic A. Washburn, *Chairman*
Dr. Frederick T. Lord
Dr. Daniel F. Jones

ETHER DAY
Dr. Richard C. Cabot, *Chairman*
Dr. J. Homer Wright
Dr. Roger I. Lee
Dr. Charles A. Porter
Dr. Franklin G. Balch

LABORATORY
Dr. David L. Edsall, *Chairman*
Dr. J. Homer Wright
Dr. Otto Folin
Dr. Daniel F. Jones

LIBRARY
Dr. James J. Minot, *Chairman*
Dr. Charles L. Scudder
Dr. J. Homer Wright

PUBLICATIONS
Dr. J. Homer Wright, *Chairman*
Dr. Richard C. Cabot
Dr. Robert B. Greenough

PUBLIC EDUCATIONAL METHODS
Dr. Lincoln Davis, *Chairman*
Dr. Byam Hollings
Dr. Harry Linenthal

RECORDS
Dr. Algernon Coolidge, *Chairman*
Dr. Robert B. Greenough
Dr. Richard C. Cabot
Dr. Joseph B. Howland
Dr. Edward H. Risley

WARREN PRIZE
Dr. Charles A. Porter, *Chairman*
Dr. Charles L. Scudder
Dr. Frederick T. Lord
Dr. William H. Smith
Dr. Algernon Coolidge

HOSPITAL MEETINGS
Dr. Roger I. Lee, *Chairman*
Dr. Robert B. Greenough
Dr. Harris P. Mosher

MEDICAL HOSPITAL MEETINGS
Dr. David L. Edsall, *Chairman*
Dr. Roger I. Lee
Dr. Arthur K. Stone

SURGICAL HOSPITAL MEETINGS
Dr. George W. W. Brewster, *Chairman*
Dr. Daniel F. Jones
Dr. Hugh Williams

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN NINETEEN JULY 30, 1915

THE Trustees have approved the recommendation of the General Executive Committee that the services in the Medical Out-Patient Department be changed from periods of six months to periods of four months. These everyday services will be arranged as follows: August 1 to December 1, December 1 to March 1, March 1 to August 1.

The change in services necessitates the promotion of Out-Patient men and the appointment of additional men to the Medical Out-Patient Staff. Dr. Gerald Blake and Dr. William B. Robbins have been promoted from the position of Assistant Physicians to Out-Patients to that of Physicians to Out-Patients. The following men have been appointed Assistant Physicians to Out-Patients:

DR. P. CHALLIS BARTLETT,
DR. MALCOLM SEYMOUR,
DR. ROGER P. DAWSON,
DR. HYMAN MORRISON,
DR. WILLARD S. PARKER,
DR. DONALD MACOMBER.

It is hoped that during the following winter arrangements may be made with the Harvard Medical School to appoint one or two instructors to have charge of the students in these medical clinics in addition to the staff to be on duty there.

Members of the Staff are requested to correct their copies of the Rules of the Trustees by amending Chapter Five, striking out the word "six" and inserting in place thereof the word "four" in Article Six, line eight, Article Seven, line two, and Article Eight, line two.

The following rules for the X-Ray Department have been made by the General Executive Committee and will go into effect at once:

1. Consultation slips are to be presented to the X-Ray Department in cases requiring X-Ray treatment, similar to those presented to other departments.

2. Medical cases, admitted through the Accident Ward, are to be X-Rayed only after admission to the Ward, except with the permission of the Assistant Resident Physician in each case.

3. All requisitions for X-Ray examination of ward cases, excepting distinct emergencies, are to be initialed by the House Physician or Surgeon, or the Visiting Physician or Surgeon.

The object of these rules is to give additional assistance to the medical and surgical services by a system of consultations in regard to X-Ray treatment. Moreover, the work in the X-Ray Department is so considerable that those cases which can be most benefitted may in this way be selected.

Much chest work is done by fluroscopic examination, and such examinations cannot be made if the case is sent as an emergency or outside of the Visiting Physicians' hours.

It is hoped by the system of initialing the X-Ray requisitions that only the essential X-Ray examinations will be made and that the work and expense of the Department will be reduced.

The Trustees have created a resident position with the title of House Physician to the X-Ray Department. The length of this service will be one year.

The new building which is being erected to contain administrative offices, the Treadwell Library, house officers' quarters, and emergency ward, will be designated and known as the Moseley Memorial Building.

William Oxnard Moseley, in whose memory the building is given, was a House Pupil in this hospital on the West Medical Service in 1878. He died from a fall while climbing in the Alps in 1879.

The money which has made it possible for the Trustees to build is given through Mr. Charles W. Moseley, Trustee of the will of Julia M. Moseley.

The passageway between the Massachusetts General Hospital and the Eye and Ear Infirmary from the basement of Ward I is now open for the use of patients and members of

the Staff from 7 A. M. to 5 P. M. It is hoped by the use of this passageway to facilitate consultations between members of the Staff of both hospitals and the transfer of patients.

Dr. William W. Keen of Philadelphia will deliver the "Ether Day" address for 1915.

Dr. Hugh Payne Greeley has resigned his position as Assistant Physician to Out-Patients to take effect August 1, 1915.

Dr. Willard S. Parker resigns his position as Assistant Physician to the Children's Medical Out-Patient Department to accept that of Assistant Physician to Out-Patients.

The following appointments have been made by the Trustees:

Dr. Victor I. Shapira as Assistant in Surgery assigned to the Genito-Urinary Department.

Dr. John J. Morton as House Surgeon on the East Surgical Service beginning November 1, 1915.

Mr. H. K. Sowles as House Pupil on the West Surgical Service to succeed Dr. Austin W. Cheever, resigned.

Mr. C. H. Hyman as South Medical House Officer for three months beginning July 1, 1915.

Dr. George F. Dwinell as South Medical House Officer for three months beginning October 1, 1915.

Dr. Charles C. Dennie and Dr. Louis H. Newburgh have been appointed Dalton Scholars for the coming year.

TREADWELL LIBRARY NOTES

New books added since the last Bulletin was issued:

Transactions of the Association of American Physicians; 1914.
Transactions of the American Pediatric Society; 1914.
New and Non-Official Remedies. New edit.
Human Motives; Putnam. (Gift of the Author.)
Stanford University Medical Publications.
Treatment of Fractures. Edit. 8. (Gift of the Author.)
Modern Medicine; vol. v. Osler & McCrae.
Studies from the Rockefeller Institute for Medical Research; vol. xxi.
Memoir of John Shaw Billings; Garrison.

Dr. James J. Putnam recently presented the Library with a Syllabus of Lectures delivered at the Massachusetts Medical College in 1816, by Dr. James Jackson. It is bound together with copious manuscript notes by Dr. Jackson. It is most interesting, and forms a companion book to one presented to the Library some years ago by Mr. H. F. Aiken: Manuscript Notes of Cases in the Edinburgh Infirmary, 1800–1801, by John C. Warren.

An important change has just been completed in the clinical catalogues. There were formerly three distinct catalogues: the medical (arranged by diagnosis), the surgical diagnosis, and the surgical region. The two diagnosis catalogues (medical and surgical) have now been combined, and arranged in 39 sections corresponding with the 39 sections of the Classification of Diseases, and under each section diagnoses have been arranged in alphabetical order, the cards in chronological order, as hitherto. This forms one large catalogue including all cases from all services. There is a complete index of the diagnoses represented in the catalogue, referring to the Section under which any diagnosis may be found. This occupies half the first drawer of the catalogue case. The surgical region catalogue is given up, having served its day; and after certain cards to be retained and placed in the diagnosis catalogue have been removed from the case, surgeons of the Hospital Staff, if they so desire, will be at liberty to take any of the remaining cards cataloguing their own cases.

Additions to, and corrections in the Classification of Diseases:

To Section V, add 5–10–179 Insolation.

16–59–183 should read 16–59–149.

17–1–75 should read Conjunctivitis, acute and chronic. (If due to Diphtheria, file 1–12–9; if due to Gonococcus, file 1–126–38.)

27–2–84 should read 27–2–149.

33–10–124 should read 33–10–122.

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN TWENTY DECEMBER 15, 1915

The Trustees have approved the following:

The Massachusetts General Hospital will open a consultation clinic for people of moderate means on Tuesday, January 25, 1916. Every Tuesday and Friday afternoon, at 2 P.M., patients referred by their physicians will be received at the Out-Patient Department on Fruit Street for consultation and diagnosis only. These are hours apart from those of the regular Out-Patient clinic.

Physicians are requested, if possible, to accompany their patients. When a physician is unable to accompany his patient, he will be expected to send a letter referring him to the hospital. This letter will be answered, and as far as possible the diagnosis given and treatment suggested.

The clinic is designed for the benefit of families with small incomes. Diagnosis has become so complex and expensive in obscure and difficult cases that its cost has become a heavy burden to those who, nevertheless, are able and willing to pay something. It is expected that physicians will not refer to it people of considerable means.

A fee of $5.00 will be charged. When an X-Ray examination is needed, a fee of $2.00 to $3.00 will be charged in addition. For certain other laboratory tests, charges not to exceed $1.00 will be made. The $5.00 admission fee includes more than one visit when these are necessary for a diagnosis.

The following appointments have been made by the Trustees:

Dr. Charles A. Porter as Chief of the West Surgical Service, October 29, 1915.

Dr. George A. Leland, Jr., as Assistant in Surgery.

Dr. Joseph L. Goodale as Assistant in the Laryngological Department.

Dr. E. Granville Crabtree as Assistant Genito-Urinary Surgeon to Out-Patients.

Dr. Walter B. Swift as Assistant, assigned to the Laryngological Department for the treatment of cases of speech defects.

Dr. H. B. Eaton as Assistant to the Neurological Department.

Dr. Custis Lee Hall as Assistant in Surgery, assigned to the Orthopedic Department.

Dr. Orville F. Rogers, Jr., as House Physician on the East Medical Service.

Dr. Adelbert S. Merrill as House Physician to the X-Ray Department.

Dr. Paul W. Harrison as House Surgeon to the Genito-Urinary Department.

Dr. Marius N. Smith-Petersen as Orthopedic House Officer for the term beginning January 1, 1916.

Dr. John M. Lee as House Officer to the Children's Medical Department, beginning January 1, 1916.

Dr. Charles C. Dennie has resigned as Dalton Scholar and Dr. George R. Minot has been appointed to fill the position for the ensuing year.

Beginning Monday, December 6, diabetic cases are to be referred to the diabetic clinic in charge of Dr. F. Gorham Brigham, which is held on Mondays and Fridays in the room where the present tuberculosis clinic is held.

The Dental Department is established for the following purposes:

1. Relief of pain to anyone applying.
2. Extraction of teeth and treatment of surgical conditions of the mouth of those applying.
3. Treatment of patients referred from other clinics of the hospital.
4. Treatment of house patients, nurses, and employees as may be necessary.
5. Treatment of a selected group of school children.

It will be noted that all conditions which require dental treatment or advice are to be referred to this Department.

Dental Surgeons will see house cases on Wednesdays and Fridays, provided the usual consultation request is presented in sufficient season. In emergencies, they may be asked to see cases at any time.

Assistant Dental Surgeons, upon receipt of the proper consultation requests, will see house cases on other than the specified days.

It is important that all letters sent to the Out-Patient Clinics should be preserved and returned on the patients' histories to the Record Room. In some clinics it has been found that the letters have

been destroyed. All letters are answered by the Assistant Superintendent in charge of the Out-Patient Department and then filed in the Record Room for future reference.

TREADWELL LIBRARY NOTES

At the last meeting of the Library Committee, the following rule was adopted:

"An unbound number of a periodical may be borrowed for over one night only, and must be returned by noon of the following day; in event of delay beyond that time, it is subject to the same fine as a book.

"The borrower is responsible for loss, even to the extent of a complete volume."

Covers have been provided for the protection of loaned numbers of periodicals, and a special borrowing slip printed.

Bulletins of literature upon all the subjects of special surgical assignment have been started, and it is hoped that the surgeons will find them useful. They contain only such references as may be found in the Treadwell Library.

A number of new books have been added during the past month, and Lea & Febiger have just sent, on approval, a few of their latest publications, to which the attention of the Staff is invited as soon as they can make it convenient, as these books can be kept for only a limited time.

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN TWENTY-ONE FEBRUARY 8, 1916

THE following appointments have been made by the Trustees:

Dr. ROBERT B. GREENOUGH as Visiting Surgeon on the West Surgical Service.

Dr. OLIVER E. BIXBY as Assistant Physician to the Children's Medical Out-Patient Department.

Dr. WALTER J. LAMARCHE, as Assistant in Surgery, assigned to the Orthopedic Department.

Dr. EDWARD C. BULL as Orthopedic House Officer for the year beginning July 1, 1916.

Dr. J. PAYSON CLARK has resigned his position on the Staff as Laryngologist, to take effect at the Annual Meeting of the Trustees.

The Surgical Executive Committee has made the following assignments:

Exophthalmic Goitre:

Dr. C. A. PORTER, W. S., Feb. 1, 1916, to Feb. 1, 1917.

(2) Dr. G. W. W. BREWSTER, W. S., Aug. 1, 1916, to Feb. 1, 1917.

Peripheral Nerve Surgery:

Dr. C. A. PORTER, W. S., Feb. 1, 1916, to Feb. 1, 1917.

Gastric Surgery:

Dr. C. L. Scudder, E. S., Feb. 1, 1916, to Feb. 1, 1917.
Dr. C. A. Porter, W. S., Feb. 1, 1916, to Feb. 1, 1917.
(2) Dr. G. W. W. Brewster, W. S., Aug. 1, 1916, to Feb. 1, 1917.

Surgery of Oesophagus:

Dr. C. L. Scudder, E. S., Feb. 1, 1916, to Feb. 1, 1917.

Lung Abscess:

Dr. C. L. Scudder, E. S., Feb. 1, 1916, to Feb. 1, 1917.

Operative Fracture Cases:

Dr. C. L. Scudder, E. S., Feb. 1, 1916, to Feb 1, 1917.
Dr. R. B. Greenough, W. S., Feb. 1, 1916, to Aug. 1, 1916.

Prostatic Hypertrophy:

Dr. F. G. Balch, E. S., Aug. 1, 1916, to Feb. 1, 1917.

Colitis:

Dr. D. F. Jones, E. S., Feb. 1, 1916, to Feb. 1, 1917.

Carcinoma of the Uterus:

Dr. G. W. W. Brewster, W. S., Aug. 1, 1916, to Feb. 1, 1917.
Dr. Lincoln Davis, E. S., Feb. 1, 1916, to Aug. 1, 1916.

Surgery of the Common Duct:

Dr. Hugh Williams, W. S., Aug. 1, 1916, to Feb. 1, 1917.

Carcinoma of the Rectum:

Dr. Lincoln Davis, E. S., Feb. 1, 1916, to Feb. 1, 1917.

Cancer of the Tongue, Mouth, Jaw, and Lip:

Dr. Farrar Cobb, E. S., Feb. 1, 1916, to Aug. 1, 1916.

Sterility Cases:

Dr. Lincoln Davis, E. S., Feb. 1, 1916, to Aug. 1, 1916.
Dr. Hugh Williams, W. S., Aug. 1, 1916, to Feb. 1, 1917.

Osteomyelitis:

Dr. C. C. Simmons, E. S., Feb. 1, 1916, to Aug. 1, 1916.

Cases of Splenectomy in Cases of Splenic Anaemia:

Dr. Beth Vincent, W. S., Feb. 1, 1916, to Feb. 1, 1917.

Surgery of the Central Nervous System, including Fractures of Skull and Spine:

Dr. W. J. Mixter, W. S., Feb. 1, 1916, to Feb. 1, 1917.
Asst. Dr. E. C. Cutler, W. S., Feb. 1, 1916, to Feb. 1, 1917.

Study of Fractures of the Spine:

Dr. J. B. Hartwell, E. S., Feb. 1, 1916, to Feb. 1, 1917.

Study of Burns:

Dr. E. H. Risley, E. S., Feb. 1, 1916, to Feb. 1, 1917.

Study of Tetanus:

Dr. R. H. Miller, W. S., Feb. 1, 1916, to Feb. 1, 1917.

Study of the Blood in Malignant Disease and the Use of Toxins:

Dr. T. W. Harmer, Feb. 1, 1916, to Feb. 1, 1917.

The following men have been appointed house pupils by the Trustees:

MEDICAL HOUSE PUPILS

Howard Osgood . . .	May 1, 1916
Alan Gregg	August 1, 1916
Benjamin H. Ragle .	
James K. Stoddard .	November 1, 1916
Henry M. Thomas, Jr.	
George H. Bigelow .	February 1, 1917
Arthur B. Lyon . .	
John H. Taylor . .	May 1, 1917
Joseph C. Savage . .	

SURGICAL HOUSE PUPILS

Ralph H. Luikart . .	May 1, 1916
Albert J. Scholl, Jr.	
Thomas R. Goethals .	August 1, 1916
Archibald H. Beard .	
Charles W. Peabody .	November 1, 1916
Edward Harding . .	

Thomas H. Lanman Walter H. Lacey	February 1, 1917
Neil A. Fogg Elmer T. Learned	May 1, 1917

At a meeting of the Surgical Executive Committee, held January 24, an arrangement was approved whereby the oncoming Assistant Surgeon to Out-Patients shall come on duty for observation the last four days of the expiring service, and the outgoing Assistant Surgeon continue for four days, when the oncoming service begins duty.

This arrangement went into effect February 1.

In view of the great increase in the work of the X-Ray Department, it has been found necessary to restrict each service in the House to one bismuth X-Ray examination a day. It is expected that the staff will request X-Rays on essential work only.

No mechanical restraint will be applied to any patient except upon written order of a Chief of Service, a Visiting or Assistant Visiting Physician or Surgeon, or a House Physician or Surgeon.

In every case where restraint has been applied to a patient under such written order, the head nurse will report the case to the Resident Physician.

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN TWENTY-TWO MARCH 22, 1916

The Trustees have made the following appointments:

Dr. D. CROSBY GREENE, Jr., as Laryngologist.
Dr. CHANNING C. SIMMONS as Assistant Visiting Surgeon.
Dr. SIDNEY M. BUNKER as Assistant Resident Physician.

Dr. EUGENE WALKER has resigned his position as Assistant Resident Physician at the General Hospital to accept that of Assistant Superintendent at the Eye and Ear Infirmary.

Dr. BETH VINCENT's special assignment should be corrected to read as follows:

Cases of Splenectomy in Cases of Anaemia:
Dr. BETH VINCENT, W. S., Feb. 1, 1916, to Feb. 1, 1917.

The Medical Executive Committee has given the medical cases of primary blood disease, excepting leukemia, to Dr. ROGER I. LEE, as a special assignment.

The Surgical Executive Committee has made the following rules:

In cases of transfusion it should be determined, before operating, that the donor is not syphilitic; that donor and recipient belong to the same blood group, or that there is no agglutination or hemolysis when the blood of the donor is tested with the blood of the recipient.

It is understood that, in cases of emergency, the operator may dispense with these tests if, in his judgment, it is unsafe to delay the transfusion until they can be made.

That the blood pressure shall be taken of each surgical patient previous to anesthesia, and that this blood pressure shall be entered in the record. This includes the sub-departments of orthopedic and genito-urinary surgery, and applies to House, Out-Patient Department, and Emergency Ward.

That cases of fractures of skull and spine, under the special assignment, shall be admitted alternately East and West.

Patients who have been examined in the Consultation Clinic and are admitted to the Hospital are to be discharged to their own physicians. None of these Consultation Clinic cases should be referred to the Out-Patient Department for future treatment.

In view of the request of the Out-Patient Medical Staff, arrangements have been made for the men, who care to do so, to visit daily with the Visiting Physicians in the wards. The following is the schedule of assignments for the ensuing year:

Feb. and Mar.,	Dr. MACOMBER, West Medical Service
Apr. and May	Dr. BRIGHAM, West Medical Service Dr. BADGER, East Medical Service
June and July	Dr. NEWBURGH, East Medical Service Dr. PARKER, West Medical Service
September,	Dr. BLAKE, East Medical Service
Oct. and Nov.	Dr. SPOONER, East Medical Service Dr. LINENTHAL, West Medical Service
Dec. and Jan.	Dr. ROBBINS, East Medical Service Dr. SEYMOUR, West Medical Service

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN TWENTY-THREE Nov. 22, 1916

The following appointments have been made since the publication of the last Bulletin:

Dr. WILLIAM W. WALCOTT, Dr. LOUIS MENDELSOHN, Dr. JAMES H. MEANS as Assistant Physicians to Out-Patients.

Dr. RICHARD H. MILLER as Surgeon to Out-Patients.

Dr. ADELBERT S. MERRILL as Assistant Roentgenologist.

Dr. JAMES H. MEANS as Associate in Medicine.

Dr. GEORGE A. DIX, Dr. HENRY D. LLOYD, and Dr. WILLIAM D. SMITH as Assistant Physicians to the Syphilis Out-Patient Department.

Dr. ARTHUR W. ALLEN, Dr. JAMES M. GALLISON, Dr. TORR W. HARMER, and Dr. GEORGE A. LELAND, Jr., as Assistant Surgeons to Out-Patients.

Dr. JOSEPH C. AUB as House Physician to the East Medical Service.

Dr. SHERWOOD MOORE as House Physician to the X-Ray Department.

Dr. GEORGE A. MACIVER as Assistant Resident Physician.

Dr. WADE S. WRIGHT as Medical Assistant in Industrial Disease.

Dr. RICHARD M. SMITH as Visiting Physician to the Children's Medical Department.

Dr. LOUIS W. GILBERT, Dr. RICHARD S. EUSTIS, Dr. JOHN W. HAMMOND, Jr., and Dr. WILLIAM R. P. EMERSON as Physicians to the Children's Medical Out-Patient Department.

Dr. JOHN L. LOUGEE as Assistant Laryngologist.

Dr. Harold G. Tobey as Assistant in the Laryngological Department.

Dr. Arthur A. Howard as Physician to the Children's Medical Out-Patient Department.

Dr. Gilbert Horrax as House Surgeon on the West Surgical Service.

Dr. J. Harper Blaisdell as Assistant Dermatologist.

Dr. Loretta J. Cummins as Assistant in the Dermatological Department.

Dr. Charles A. McDonald and Dr. Mabel D. Ordway as Assistants in the Neurological Out-Patient Department.

Dr. Henry S. Forbes as Assistant Physician to Out-Patients.

Dr. Harry F. Hartwell as Surgical Pathologist.

The Trustees have accepted the following resignations from the Staff:

Dr. William F. Whitney as Surgical Pathologist.

Dr. L. Harry Newburgh as Assistant Visiting Physician and Dalton Scholar for 1916.

Dr. Willard S. Parker as Assistant Physician to Out-Patients.

Dr. George A. Waterman as Neurologist.

Dr. Eben W. Fiske as Assistant in Surgery assigned to the Orthopedic Department.

The following rules concerning the X-Ray Department have been approved by the General Executive Committee:

> At least twenty-four hours must be allowed the X-Ray Department in which to fill requests for filed X-Ray plates on patients not at the time in the Out-Patient Department or the House.

Ward and Out-Patient Department requests for X-Ray examinations of patients may, at the discretion of the X-Ray Department Staff, be modified or omitted after consultation, if possible, with those who request the examination. Photographic work may be considered in the same manner.

Negative X-Ray plates may be discarded after six months, except in cases of possible fracture or when it seems advisable to retain certain negative plates for teaching or other purposes.

The completion of the Moseley Memorial Building has enabled the Trustees to appropriate money for an extension of the X-Ray Department. It is planned to utilize the old House Surgeons' Rooms for this purpose. The order for the new apparatus has been placed and work is to be begun at once upon the rooms. Additional facilities are to be gained for X-Ray treatments, fluoroscopic and X-Ray work, with space for consultations with the Staff and the filing of records.

The hour for visiting patients in the hospital has been changed by consent of the Trustees from two to three o'clock to one to two o'clock.

There is to be a Psychiatric Clinic in the Out-Patient Department of the Massachusetts General Hospital. Its staff will consist of the medical staff of the McLean Hospital. The chief of the Clinic is to be Dr. George T. Tuttle, Medical Superintendent of the McLean Hospital.

The General Executive Committee on November 9th voted:

"That all courses given at the Hospital should be intimately affiliated with the Graduate School: that a committee be appointed by the General Executive Committee to consist of three members including an Assistant Resident Physician, the committee to have supervision subject to the General Executive Committee on all matters concerning Graduate Teaching in the Hospital, and to further and maintain harmonious relations with the Graduate School of Medicine: that those giving Graduate Courses at this hospital meet regularly twice a year, and that special meetings may be called at any time either by the committee on Graduate Courses or at the request of any one giving such a course at the Hospital. The committee is as follows: Dr. Charles L. Scudder, Dr. Frederick T. Lord, Dr. Sidney M. Bunker."

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN TWENTY-THREE JANUARY 17, 1917

THIS NUMBER OF THE BULLETIN IS INTENDED TO FURNISH THE HOSPITAL STAFF WITH A BRIEF SURVEY OF CERTAIN OF ITS ACTIVITIES

EXTENSION OF THE HOSPITAL'S SCIENTIFIC OPPORTUNITIES TO PHYSICIANS AT A DISTANCE.

VERY few physicians are able to correct and extend their knowledge of disease by seeing autopsies. As a rule only those who are connected with one of the larger hospitals of the country can confront their beliefs about diagnosis and treatment with the truth as revealed *post mortem*, and thus find confirmation or refutation of their hypotheses.

For ten years a weekly exercise has been held at the Massachusetts General Hospital, at which a typewritten (multigraphed) summary of four cases which have recently come to autopsy is read aloud. This summary gives the facts of the patient's history with physical and laboratory data, X-ray findings, etc., all leading up to the diagnosis arrived at and the treatment (medical or surgical) based upon it. Dr. Richard Cabot, or another member of the hospital staff, reads and discusses these facts, and commits himself to a diagnosis. Those present—medical students, internes of the hospital, and graduate physicians—are each given a copy of the full record and invited to state their conclusions about the case on the basis of the data submitted.

In this way they all get something of the same experience, which they would have gained had they been in actual charge of the patient. When all those present at the exercise have committed themselves, Dr. Oscar Richardson, Assistant Pathologist to the hospital, demonstrates and explains the diseases found at the *post mortem* examination. The case is then reviewed once more from the

clinical side to see whether any of the discrepancies between what we expected and what we found, could have been avoided, and to push home the lessons to be learned from the case.

Two years ago, some of our ex-internes living at a distance wrote to ask that any extra copies of the case histories used in these weekly exercises might be mailed to them. They missed the stimulus of weekly confrontation with the truth, and wished to keep up the discussion of case records among a group of physicians situated in one case in Los Angeles, in another at Haverhill, Mass. After we had been sending these records for some months, it occurred to us to ask other physicians in different parts of the country whether they would care to receive somewhat more extensive records of our weekly conferences with stenographic report of the discussion in addition to the case history and autopsy report.

The response to this invitation was so favorable, that in April, 1915, the hospital began sending four printed case records each week to about 800 physicians who paid five dollars a year to defray the cost of preparing and mailing the material. By the end of the year the number had grown to 1086, and included physicians in every state of the Union as well as in Canada. The United States Army has recently ordered 27 sets of the records, so as to send them to every army post in the country. Sept. 8, 1916, there were 1690 subscribers on our list.

Practically every mail brings additional applications and subscriptions. But the influence of these teaching exercises is not measured by the number of envelopes mailed each week from the hospital. One subscriber writes: "My set of case records passes each week around a circle of 40 physicians in my neighborhood." Another says, "Ten of us sit down every Friday night at my house to discuss your case records."

We now exchange our weekly set of case records with a similar set multigraphed for a similar exercise at the Johns Hopkins Hospital. Out of such an exchange, which ought to mirror the daily work and current standards of each hospital, we expect much profit. It ought to keep a steady current of criticism and suggestion flowing in each direction.

Hospital Courses for Graduates.

The low priced, practically free courses given at the hospital for practising physicians have been described in previous reports of this Committee. During the past year the number of physicians attending these courses has been larger than ever before.

Consultation Clinic for Persons of Moderate Means.

The Executive Committee has been working since the spring of 1914 on a plan for giving to persons neither rich nor very poor—that is to about 90% of the community—the opportunity of sharing the medical benefits now open only to the poor who attend out-patient clinics and to the rich who can command the services of expert diagnosticians. In obscure cases of disease, a modern scientific diagnosis is not so much *made* by one man as *assembled* like the parts of a machine, each part being made separately by a man specially skilled through practice on that one thing. No one man can do the X-ray work, the Wassermann tests, the analysis of spinal fluid, the cystoscopic and protoscopic examinations, and the electrocardiographic measurements; no one can give an accurate report on the eye, the ear, the nose, throat, in addition to the ordinary tests of heart, lungs, abdominal organs, nervous system, bones, joints, muscle, blood, urine, sputa, stomach contents, and feces, which a single well trained physician is supposed to compass.

Yet it is by the combination of many such expert examinations that complicated cases of disease are unravelled and their proper treatment found. Even a "simple headache" or stomach-ache may be impossible of diagnosis without using a considerable part of the special diagnostic methods mentioned above. This means that accurate diagnosis is group diagnosis not only in rare cases, but in a proportion of all cases that is becoming steadily larger, as we realize what deep and complicated problems have often been hidden and left unsolved behind such familiar names as dyspepsia, rheumatism, neurasthenia,—names that no longer screen our ignorance even from the man in the street.

Diagnosis by a single unaided physician, without consultants, laboratories and machines behind him, is becom-

ing more and more obviously impossible. But group-diagnosis, which is the only satisfactory alternative, is ruinously expensive when the patient goes to each of a group of specialists at his office. *The hospital offers the only opportunity for the reasonably accurate diagnosis of obscure cases in persons of moderate means.*

During 1915 the Trustees gave their consent to the opening of a Consultation Clinic for persons of moderate means. This clinic is held in the afternoons when our Out-Patient Department ordinarily stands idle. Physicians are invited to bring or send to it persons for whose disease they desire a low priced consultation with the advantages above described. After diagnosis the patient is referred back to his physician with a letter giving our opinion and suggestions for treatment. No treatment is given at the hospital unless at the desire of the patient's physician and in cases which require such help as the hospital through its Zander apparatus or X-ray machines is especially fitted to give.

The fee for examination and consultation is five dollars. This includes the services of as many different specialists as the case requires. Wassermann tests one dollar extra, and X-ray plates two to three dollars extra. Out of these fees the hospital reimburses itself for the actual running expenses of the clinic (heat, light, nurses, etc.). The money remaining after these expenses are allowed for is divided among the physicians in attendance according to the amount of work they are called on to do.

We believe that as soon as the physicians and the public realize the advantages, medical and financial, of this clinic, they will give it cordial support and thus enable the hospital to extend its usefulness.

Special Medical Assignments and the Class Treatment of Particular Diseases.

The assignment of all cases of a particular disease or group of diseases to a single member of the staff for a year or more, has been for several years the custom upon the surgical side of the hospital, but on the medical side it has made little progress from its beginnings with Dr. J. H. Pratt's Tuberculosis Class in 1905 to within the present year.

Diabetic cases, whether in men or women, and regardless of the divisions into wards and services, are now cared for by Dr. F. G. Brigham. Dr. Brigham meets his patients twice a week in "classes."

Thyroid disease is under the charge of Dr. James H. Means in the wards, and Dr. Malcolm Seymour in the Out-Patient Department. In addition to these definite assignments, Dr. H. F. Hewes sees most of the gastric cases in the Out-Patient Department, and Drs. John B. Hawes, 2d, and P. Challis Bartlett see all the cases referred to them with a question as to the diagnosis of phthisis. A similar grouping should be made for all cardiac cases, and probably renal cases should also be separated into a group of their own.

Dr. H. Linenthal and Dr. G. M. Balboni see all cases of lead poisoning, and Dr. Balboni, in co-operation with the Genito-Urinary Department, all cases of sterility.

All these assignments are for the full year, and when two men are associated in the study and treatment of a single disease, they are carrying out a single plan agreed upon, and do not work independently.

Therapeutic Teams and Therapeutic Assistants.

When all the diabetics were assigned to Drs. Rogers and Brigham, the number of patients soon became so great that both men were overwhelmed with work. Moreover, it soon appeared that much of their work required but little medical training. To list exactly what a diabetic has eaten at each meal since the last visit, to inquire into the other details of his life and to test his urine for sugar, is a comparatively simple matter easily done by a nurse or even by an untrained assistant after a few weeks' instruction. With this work done, the doctor's time can be spent on the rarer and more difficult problems of diagnosis and treatment for which his training and experience have especially fitted him.

Following out this division of labor our therapeutic team for the attack on diabetes has consisted of Dr. Rogers assisted by Miss Shayeb (a nurse) in the wards, and Dr. Brigham assisted by Miss Ruth Harrington (a clinic secretary) in the Out-Patient Department. We believe that

the development of therapeutic assistants can go much further than it has yet gone on the medical side. *Medical work comprises a group of tasks requiring various grades of skill and training, but now all done by high grade men.* It is like a factory in which all the work is done by superintendents. There is no proper grading. In private practice even, the distinction between a nurse's work and a doctor's work is wiped out, and the doctor has to do much of the nursing. In hospitals we have, besides the nurses and ward orderlies, some paid laboratory "dieners," dressers, bandagers, masseuses, and hydrotherapeutic assistants. To these have been added, within the last few years, a group of young women who do Wassermann reactions and colloidal gold tests under our pathologist's supervision, and are known as technicians.

These young women have done no nursing and had no training along medical or scientific lines before beginning their apprenticeship at the hospital, yet they soon become very efficient. Of late they are also doing the routine laboratory work,—urine, sputa and blood—in the Out-Patient medical clinics, and doing it well.

But on the therapeutic side we need to develop such non-medical assistants much further along the lines suggested by the work of our therapeutic team for diabetes. Patients about to leave the wards for home need a great deal of instruction and explanation if they are to get the most either out of their stay in the hospital, or out of the doctor's directions for the future Our work in the wards —histories, examinations, consultations, lumbar punctures, stomach washes, X-ray studies, etc.— keeps the physicians and house officers so busy that they rarely find time to explain to the patient the use, meaning, and practical result of it all. Again and again we hear patients complain after leaving the wards that "they didn't tell me nothing." There has been no unkindness, but a great deal of hurry and uncommunicativeness, which the patient often mistakes for mysterious secretiveness or even hard-heartedness.

Patients need an interpreter to explain and justify to them the ways of the physician, who is too busy getting decisions made and things done, to have much interest in

telling about them or interpreting them in ultra-simple language to uneducated patients. The hospital's standing with its patients and with the community which they influence, depends not only on doing the right thing (so far as is humanly possible), but on "getting across" to the patients some idea of all the planful, skilful, conscientious effort that has been expended for their benefit.

But they need still more the services of some one who will explain in detail and in words of one syllable just how the doctor's treatment is to be carried out after they get home. This work now falls upon the internes, and must always be supervised immediately and ultimately by the staff physicians. But there is a great deal of explaining, interpreting, and persuasion, which demands not so much medical skill as the patience and psychological knack necessary to tell when the patient who says, "Yes, I understand" really does not understand, when he understands a half or a quarter, and when he does not understand at all.

This part of the treatment, a therapeutic assistant, such as we are now using with the diabetics, can soon learn to do as well as the average interne (who is on the job at most three months). In a year or two the assistant would become far more expert than most internes. We have had such help during 1916 from Miss Ella L. Lyman, especially with patients suffering from circulatory and digestive disorders, who often lose at home much of the benefit gained in the hospital because they are not fitted to guide themselves, and cannot or will not get guidance in our out-patient clinics.

The Out-Patient Department.

In the medical clinics we have at last worked out, we believe, the proper proportion of doctors, externes and other assistants to a clientele of a given size and kind. In the wards this was done some years ago, and we have been working there in the belief that for a service of 50 beds with adequate assistance from nurses and clinical clerks, we need at any one time a chief, a visiting physician, a resident physician, three house officers, and half the time of a fourth; in all, six medical men and part time from a

seventh. This means about three hours a day for the visiting physician.

In the Out-Patient Medical clinics we find that a staff of three physicians with one externe and no teaching duties can, with the assistance of one paid technician and one unpaid clinic secretary (in the Women's Department two or three nurses) deal fairly satisfactorily with a clinic of 50 to 100 patients a day (old and new cases) without keeping anyone but the house officer more than three hours in the clinic daily. As soon as the clinics begin to range from 75 to 125, another physician should be added. *No physician should see more than six new cases or 20 "old" ones* (requiring little or no physical examination) *within three hours.* We have left student-assistants out of account in this calculation because the help they give is just about balanced by the time that must be spent in teaching them, if they are to be given any fair return for their labor.

The hospital has not yet gone very far in the process of writing out in definite form the duties of those who work in it. Many offices are still filled by men and women who know their duties only by verbal tradition or by watching others. This is especially true of the unpaid members of the hospital organization, that is, the medical and surgical staffs, their house officers and clinical clerks. The duties of most of the social workers and all the clinic secretaries are now on paper, and are now and then revised and brought up to date. But the duties of a chief, a visiting physician, or surgeon, an interne, a head nurse or ward orderly are not as yet written down in any detail.

Last year the medical chiefs worked out two schedules relating to a part of the duties of the house officers, clinical clerks, and third year medical students assisting in the Out-Patient. These schedules (see appendix A) relate (a) to history taking and (b) physical examination, and help to preserve a uniformly high standard in these branches of medical work. The laboratory work and other duties of physicians and students in the hospital might, we think, be more clearly defined and accurately performed if they were similarly written out instead of being passed on verbally or by tradition.

When the staff was reorganized in 1911, notice was sent to each member that, in accepting a position on the staff thus reorganized, he was assumed to agree that during his term of service he would spend not less than 2(?) hours a day at the hospital in the performance of his medical duties. In other respects, however, the work of the staff is very vaguely defined. Such work is difficult to supervise or to criticize effectively. A medical job needs written specifications as much as any other piece of constructive labor, not so much because we fear that it will be scamped, as because we owe each man a precise statement of his duties, and of the increase or decrease which the growth of the hospital and the development of medical technique may be expected to involve from time to time.

Dr. John B. Hawes, 2d, in charge of the clinic for treatment of non-pulmonary tuberculosis, reports the following figures:

No. of patients	under	treatment	Dec. 1, 1913	.....	98
"	"	"	"	"	Dec. 1, 1914	.....	172
"	"	"	"	"	Dec. 1, 1915	.....	213

This shows a striking growth. The clinic is, so far as we know, a unique one in that it is devoted to treating what is ordinarily called surgical tuberculosis (lesions of the glands, bones, and urinary apparatus for the most part) by medical means, that is, by hygienic régime and by tuberculin. Life is prolonged, symptoms alleviated, and in some cases actual cure has resulted. Dr. Hawes has been assisted by Dr. Bartlett and occasionally by Dr. Linenthal. Miss Dorothy Mandell and Miss Helen Homans have done invaluable work in keeping track of patients, cataloguing records, and taking charge of details of the clinic management. The hospital also provides a nurse. The strong personal relationship which exists in this clinic between physicians and patient is largely responsible for the faithful and regular attendance of the patients.

Goitre Clinic.

From August 1st, 1915, to the end of the year, Dr. Malcolm Seymour has been seeing all the cases of thyroid intoxication (Graves' disease), dealing in all with 81 cases,

of which 77 are now under treatment (December, 1915). The other four cases are now in need of treatment, but are in touch with the clinic, through the clinic secretary, Miss Edith Foster. The patients are being treated by exposure to X-rays at intervals of from two weeks to a month, and so far the results seem to be very encouraging.

Clinic for Diabetic Patients.

The work of this clinic has already been referred to, see pp. 5-7. Over 120 cases are under treatment and on one occasion 36 were present upon a single morning. A separate room for this group has been assigned once a week by the hospital, so that they can be instructed as a class. One of the unexplained and surprising facts about this group is that the women outnumber the men about three to one. In the ward cases the proportions are equally striking. Yet in Joslin's figures, covering nearly 7548 cases, men are shown to have the disease twice as often as women. Our figures must be further investigated.

Sterility Clinic.

Patients who have been married two years or more and complain of sterility are being studied by Dr. G. M. Balboni in connection with Dr. A. W. Reggio of the Genito-Urinary Department. In all cases husband and wife are investigated simultaneously. Ninety-eight couples have been studied.

Industrial Disease.

Drs. Balboni and Linenthal divide the year between them in their study of the effects of lead poisoning upon the blood, teeth, eyes, and urine. Wassermann reactions are taken in every case, and the functions of the kidney are receiving special study.

Dr. H. Linenthal has followed up most of the cases of occupational disease during his term of service, February 1st to August 1st, and has studied the records of about 150 cases diagnosed as occupational neurosis. He is trying to ascertain and classify the many conditions that are included in that diagnosis, to determine the duration of each type, and the industries in which they occur. Dr. Linenthal is also studying a group of patients whose occupation

exposes them to naphtha or benzine, and attempting to ascertain which, if any, of the symptoms complained of are due to the fumes of these substances.

Cardiac Disease.

Drs. J. H. Pratt and Paul White have given special attention to this group of patients. During March and April, Dr. Pratt followed 151 cases, paying special attention to the arrhythmias and venous pulse by means of the polygraph.

In June, 1916, Dr. Paul White organized a cardiac clinic in the Out-Patient Department, where he endeavors to follow and to study cases discharged from the wards as well as Out-Patient cases. Dr. White's special studies with electrocardiographic and polygraphic tracings are among the satisfactory investigations carried out at the hospital in recent years. They are reported in the following papers:

1. Alternation of the pulse. Am. Jour. Med. Sciences, 1915, clxxiii, 431.
2. Relationship of the abnormal heart beat to prognosis. cl, 82.
3. Auricular fibrillation and complete heart block. *Ibid.*, 1915, Bos. Med. and Surg. Jour., 1915, clxxiii, 312.
4. Synchronous inspiration and systole. *Ibid.*, 1915, clxxiii, 549.
5. Unusual types of arrhythmia. Jour. Amer. Med. Assn., 1915, lxv, 1276.
6. Study of atrioventricular rhythm, following auricular flutter. Arch. Int. Med., 1915, xvi, 517.

In the Children's Department, special care has been given to the treatment of a group of cases in which the heart has been weakened by the rheumatic type of disease. This work will be referred to later (see p. 14).

Gastric Disease.

Dr. H. F. Hewes now sees all cases referred to him in the Male Medical Department. This includes all new cases believed by the other men on duty in the clinic to have organic disease of the stomach or intestine, also all doubtful cases and post-operative cases referred from the wards. X-ray observations are made in most cases, and in those operated on a plate is taken six

months after the operation. Last year the number of cases diagnosed as organic stomach trouble in the Male Medical Department was double that obtained under similar conditions in the Women's Medical. Presumably this was due to the fact that Dr. Hewes studied the male cases, and that until August of this year, no one man was assigned to the treatment of these cases in the female clinic.

Dr. Hewes reports: "In looking over the records of cases of duodenal ulcer in the clinic, I find that, while last year about 85% of the cases diagnosed as chronic duodenal ulcer were recommended to operation in the first instance, during the present year only about 44% of these cases have been given surgical treatment; the other 56% of cases being advised a régime of medical treatment as an initial step. The reason for this difference is partly a change in the character of the cases in the clinic and partly a change in the attitude of the physicians in charge, in regard to the treatment of the condition. With improvement in the understanding, and the methods of accurate diagnosis, of the disease, we get now a much larger per cent. of so-called mild cases—cases without evidences of any obstruction—than formerly. With increasing experience in the study of post-operative cases of the disease, we come to the conclusion that permanent cure, as the result of the present methods of surgical treatment, is obtained in a less percentage of cases than was expected.

The problem of the physician in advising treatment for ulcer of the stomach and duodenum may be considered along the following lines:—

"Given an ulcer, we wish to prevent, by treatment, the recurrence of the subjective symptoms of the patient, the possibility of perforation or of bleeding of the ulcer, and the death of the patient. In cases of chronic ulcer of the stomach, where the operation usually performed consists of the actual removal of the ulcer by surgery, all these contingencies are met more satisfactorily by surgical treatment than by medical treatment. All that we have to consider here is the possibility of death from operation, by surgery, as against the possible perforation, or bleeding, or continuation of symptoms under medical treatment; and the balance of risk is in favor of surgery.

"In the case of duodenal ulcer, however, the prevailing operation here does not include the surgical removal of the ulcer, or even its permanent exclusion from the influences of the stomach contents and peristalsis. Hence, in this condition the possibilities against future perforation or bleeding are not necessarily any better under medical treatment. Certainly they are not better to the extent that exists in the cases of ulcer of the stomach where the ulcer is actually removed. If all cases of duodenal ulcer treated surgically obtained permanent cure of symptoms, operation would be advised in most cases, even though the possibility of future perforation or bleeding was not removed by the operation. But as I have said, a study of late results on operative cases shows that a considerable number of cases are not permanently benefited. They have to continue medical treatment and are much as before operation.

"As a result of these facts, I do not advise operative treatment in cases of duodenal ulcer which cause no actual obstruction, as an initial step. Many cases continue in comfort and health for years under simple medical régime of diet and hygiene. If cases fail to do this, it is time enough to consider operation."

Syphilis Clinic.

Our clinic for syphilis has continued to grow rapidly, the average daily attendance being now 65, with 99 as the largest day's attendance. Dr. C. M. Smith, chief of this clinic, says in his report for that department, "The number of cases of primary syphilis coming for diagnosis and treatment, and diagnosed at once by the demonstration of spirochaetes, is most gratifying. In 96% of a series of 97 cases of primary syphilis, the organism was demonstrated at once with the dark field microscope. This department also does many dark-field examinations for the Throat Department when Vincent's angina is suspected."

The department has also collected a large number of mounted microscopic specimens showing the histopathology of the various syphilides.

The department has continued to examine other members of the syphilitic's family, holding the patient responsible for bringing in the person from whom the disease has been received.

In coöperation with the Pregnancy Clinic carried on at the Boston Lying-in Hospital, many of those who have there been found to have a positive Wassermann reaction have been sent to our department for examination and treatment. It is the intention of the department to have all members of syphilitic families thus discovered brought in for treatment, and as the Lying-in Hospital now does Wassermann reactions on the whole of their pregnancy clinic, the number of cases referred to our Syphilis Department is likely to be large.

Coöperation with the Eye and Ear Infirmary is also increasingly close, many cases of iritis and interstitial keratitis being sent to us from that institution for constitutional treatment. A combined study of the disease last mentioned is being made by Drs. Post, Quackenboss, and Derby.

During the first six months of this year Miss Lewis, with the aid of Miss George, made a medico-social survey of 300 cases of syphilis at the State Infirmary at Tewksbury, Miss Lewis's services being lent to the Infirmary for the time being.

Dr. Smith and Miss Lewis are watching the relations of syphilitic disease to various employments, and especially to idleness.

The most important and gratifying of all the accomplishments of this clinic has been its success in following 90% of all the patients who come there for treatment. We do not know the equal of this in any other clinic, and surely there is no disease in which the careful following and prolonged treatment of patients is more important. This success is due in part to the systematic methods employed, but still more to the astonishing degree to which the workers in this clinic have succeeded in establishing a personal relation with their patients, so that of all who come there, there is scarcely one who cannot be called by name by one or more members of the clinic staff.

Children's Medical Department.

The large output of literature from this department, including two books, will be seen by reference to the list of publications at the end of this report. Dr. Fritz B.

Talbot, its chief, finished in the first half of the year his study of 105 healthy new-born babies, with reference to their energy metabolism. He has also been studying asthma and eczema from the point of view of anaphylaxis.

Drs. Eustis and Young, with Miss Welch and Miss Wood of the Social Service Department, have carried out in connection with some of the outside social agencies, a scheme of prolonged rest treatment in cases of chorea, rheumatism, and acute endocarditis, with an attempt to diminish the number who develop chronic endocarditis. The cooperation of medical and social workers in this study has been very close, as it is essential that it should be.

We are beginning to develop a group of young men carrying out investigations in the wards and laboratories of the hospital, chiefly under the supervision of Dr. David L. Edsall and Dr. Roger I. Lee. Dr. Edsall has supervised and encouraged especially the work of Drs. Newburgh, Means, and Minot. Dr. Lee has helped and overseen the work of his recent senior house officers, especially Drs. Robertson, Hill, and Sherrick, all of whom have been enabled with his help and advice to complete during their term of service as house officers a creditable piece of investigation. In past years we have usually supposed that it was impossible for a house officer to do any work of investigation, but at the present time and with our present organization, it is obvious that all we need to enable our house officers to complete a bit of research work, is the encouragement and supervision of such men as Dr. Lee.

Besides the two groups of men just referred to, independent investigations have been carried on by the two medical residents, Drs. J. H. Pratt, Paul White and O. F. Rogers, and by Dr. Sellards of the Tropical Medicine Service.

Referring now somewhat more in detail to the work of these different groups, we may say that Dr. Newburgh has carried out, in conjunction with Dr. J. H. Means and Prof. W. T. Porter, a study of the respiratory mechanism in experimental pneumonia; also a study, with Dr. J. H. Means, of the heart muscle in pneumonia.

Dr. J. H. Means has been making a number of studies in problems of metabolism and circulation, the expenses

being largely defrayed by the Proctor Fund of Harvard University. He has worked upon (*a*) The Basal Metabolism in Obesity and Pituitary Disease; (*b*) Basal Metabolism and Body Surface; (*c*) Effects of Caffein on the Blood Flow in Normal Human Subjects (with Dr. L. H. Newburgh); (*d*) Blood Flow in a Patient with Double Aortic and Mitral Disease (with Dr. L. H. Newburgh). The references to the resulting papers will be found in the list of publications.

Dr. George R. Minot has published a number of papers containing the results of his investigations in the problems of blood coagulation, and dealing with the origin of antithrombin,* the effects of chloroform, the action of prothrombin and antithrombin as factors in coagulation,* the coagulation of the blood in the pleural cavity,* the effects of temperature on the prothrombin time of oxylated plasma with calcium, studies on a case of idiopathic purpura haemorrhagica, methods for testing donors for transfusion. The subjects starred were published from the Johns Hopkins Physiological Laboratory or Medical Clinic; the others from the Medical Service of the Massachusetts General Hospital.

Dr. Minot has also studied the effect of certain salts, acids, and alkalis upon the factors of coagulation and upon the platelets, (2) Studies on the Coagulation of the Blood in Pneumonia and Other Diseases, (3) Studies on the Normal Fluctuation and on the Character and Significance of Anti-Thrombin, (4) Studies on the Effect of Certain Drugs as Stimulants of the Bone Marrow, (5) Studies on the Reticulated Red Blood Corpuscles, (6) Studies on the Howell-Jolly Bodies.

Dr. J. H. Pratt has studied The Uric Acid Metabolism in Gout and Allied Conditions, and presented his results in a paper recently published (*American Journal of Medical Sciences,* Jan., 1916).

Dr. Paul White has published a large number of researches dealing with electrocardiographic and polygraphic studies of the circulation, and has taught a hospital "diener" to take satisfactory electrocardiographic records.

Dr. O. F. Rogers is supervising the treatment and in-

vestigating the metabolism of all the diabetic cases in the wards.

Dr. A. W. Sellards, of the Department of Tropical Medicine, has studied at the hospital a group of dysenteries of unknown etiology and often fatal course. He has also investigated various types of anaemia with reference to a possible infectious origin of these diseases.

Dr. Roger I. Lee, in addition to his most important work of supervising the investigations of his house officers, Drs. Robertson, Hill, and Sherrick, has continued his work on the problems and pathology of blood diseases and blood coagulation.

Neurological Department.

The work of the Neurological Department has increased during the past year and has been done with greater efficiency, made possible by improved organization and a more defined division of work among the various members of the Department. The value of clinic secretaries has been amply demonstrated, and undoubtedly their efforts have done more than any other one thing towards systematizing the work of the clinic. The integral relation of the Social Service Department has also been of the greatest assistance in meeting the problems of the patients and of the clinic in general. Although the difficulties of complete history taking in out-patient departments are manifest, a distinct improvement has been made, so that many of the case histories are now of positive value as contributions to various diseases. There have been during the year 458 consultations with other departments of the hospital, 842 new patients, and an average attendance at the daily clinic of 39 patients. The Social Service Department has assisted 315 cases, of which 187 have been new cases.

In addition to the routine of the clinic, a special effort has been made to assign special investigations to the various men of the department, with a considerable degree of success.

Dr. E. W. Taylor, the chief of the department, in addition to a general oversight of the clinic and an arrangement of its details, has described a hitherto unrecognized condition of progressive vagus-glossopharyngeal paralysis

with ptosis, hereditary in character. This unusual affection may be regarded as constituting a new sub-group of the family diseases.

Dr. W. E. Paul has continued his special interest in peripheral nerve disturbances and has prosecuted his work particularly in connection with the Surgical Department. It is worthy of note, also, that largely through Dr. Paul's diagnosis, two tumors of the spinal cord have been removed with entire success by Dr. W. J. Mixter.

Dr. G. A. Waterman has devoted his time to the general work of the clinic, and has given special attention to the subjects of migraine and epilepsy, upon which he has already published a paper of importance.

Dr. James B. Ayer has had charge of the syphilitic cases, which form a very considerable contingent of the organic diseases coming under the observation of the department. He has carefully collated the work on the spinal fluid, and has gathered a large series of statistics which cannot fail to be of permanent value. Various means of treatment have been used, and a sufficient number of cases have been carefully observed to arrive at certain generalizations of definite value. Dr. Ayer has also made a beginning in the study of vestibular-cerebellar disorders with the coöperation of the Eye and Ear Infirmary, through the use of the Baranyi test. The proper prosecution of this work requires a special chair, which has not yet been secured.

Dr. George Clymer, with the coöperation of Dr. John Bryant and Dr. Mabel Ordway, temporary assistants in the clinic, and aided by the Social Service Department, has been making a study and classification of epileptics. Dr. Bryant has had some apparent success in the metabolism treatment of a certain portion of these cases. The attempt has been made to study certain cases intensively rather than many superficially. Dr. Clymer has also been interested in cases of injury to the head and spinal cord and in tumors of the central nervous system.

L. E. Emerson, Ph.D., psychologist, has accomplished certain definite results in individual cases through psychotherapeutic measures, particularly in the investigation of the question of the "attack" in hysteria and epilepsy.

This entire work on epilepsy should result in conclusions of consequence.

Teaching in the clinic is now continuous during the academic year. There are always at least four students present, who under direction are becoming increasingly useful in the preliminary history taking. The teaching is divided among the four men connected with the clinic, who also hold positions in the Medical School.

It is hoped in the future to assign to individual members of the department and to voluntary assistants, special problems in greater measure than heretofore, so far as this is compatible with the orderly disposition of the patients in general. Syphilis of the nervous system, epilepsy, neurological conditions with surgical bearings, and certain smaller groups of cases, should in the near future be sufficiently studied to permit of publication in statistical form. The integral relation of the nervous system to various forms of disease is continually being demonstrated, which should lead to a closer coöperation than has hitherto existed between the Neurological Department and other departments of the hospital.

Paul, W. E. Epidural intraspinal tumor of two years' duration; operation; recovery. Bos. Med. and Surg. Jour., 1916, clxxv, 133.

Ayer, J. B. Cerebral syphilis; a method of treatment by prolonged intraspinal injection of serum under high pressure. Bos. Med. and Surg. Jour., 1916, clxxiv, 614.

Dermatological Department.

The medical staff has been the same as last year. The assistant staff, however, was increased on March 1, 1916, by the addition to the preëxisting corps of clinic secretaries, of a salaried nurse, a stenographer and a social worker.

During 1915 the service showed a steady growth. According to figures taken from the record of attendance from March to August, the average daily attendance had increased nearly 10%. Nevertheless, the assumption, by the clinic secretary, of the entire non-medical routine precedent to the patient's entrance to the consulting room and, by the stenographer, of all the clerical work of the clinic, afforded such relief that the physicians were enabled

to care for the augmented service with comparative ease, because, with such relief, they could devote themselves to clinical work exclusively.

The office of the clinic secretary was filled solely by volunteers. The Department was rarely without the service of at least one. For several months there were three, each one giving two mornings of the week. The salary of the stenographer was provided for by a gift from Mr. W. F. Watters, sufficient for ten months, and by a sum of money from Dr. C. J. White, to cover the remaining two months. From Mr. E. B. Dane, the Trustees received a fund of seventeen hundred dollars, known as the Dane Fund, to be used for the purpose of supplying the Dermatological Department with a visiting nurse and with a contingent fund upon which it could draw, at will, to relieve the immediate necessity of the patient, or for any other purpose within the intent of the conditions of the Fund. March 1, 1915, Miss Olga Olsen was engaged as the Dane Fund Visiting Nurse. On the same date, Miss Oiesen began her service as social worker, on half time, through the generous courtesy of the Social Service Department.

As the office of visiting nurse is unique, in the experience of the Dermatological Department, at least, a brief description of her functions, as conceived by Mr. Dane, may not be out of place. His grounds for creating the Dane Fund were, briefly, these. As the first object of a hospital is the care and treatment of patients suffering from disease, so also should an attempt to extend the influence of the clinic to the homes of the patients make the care and treatment of disease its primary purpose. The implication follows that the first step should be through some medical agent or agency, i. e., a nurse. As, however, the out-patient problem is, almost invariably, complicated by social problems, the nursing service must be rounded out by its close association with the social service. Although the two fields of work abut and even overlap, the special requirements for the worker are entirely different in both. According to Mr. Dane's belief, the medical field, lying next the clinic, was not adequately provided for under present conditions. Between the clinic and social

service a nurse was needed. It was to supply this supposed need, that the Dane Fund was created, with the proviso attached that the nurse, while coöperating to the utmost with the agent of the social service, should not, herself, undertake social work, but should limit her efforts solely to the nursing needs of the patient. The further condition was given equal prominence,—that the visiting nurse should, in no wise, be regarded as a sort of district nurse, acting in semi-independence of the physician, but should, rather, be looked upon as a nurse who carries to the home of the patient the same nursing service as exists within the hospital, and who performs her duties to the patient without the hospital under the same intimate control and direction of the physician, as the pupil nurse to the patient in the wards of the hospital.

Experience would seem to teach that Mr. Dane was correct in his supposition of the need of a nurse to fill a gap existing between the clinic and the social service and, as well, that the filling would not only be to the advantage of the patient, but also to the advantage of all departments concerned. As proof of the usefulness of a visiting nurse, the following figures may be cited. When the service was begun, absolutely no data for guidance was available. The first five months were, therefore, devoted to the accumulation of information for future use. There was no thought given to the making of a record. Nevertheless when this experimental period was ended, it was discovered that Miss Olsen had paid 457 visits to 90 different individuals, and that, as the result of natural accumulation, her active list had grown to 46. Incidentally, the social worker reported that her list had decreased as the nurse's list has grown.

While Miss Olsen has been most conscientious in her service, it must be frankly admitted that she owes much of her success to the whole-hearted support of the Social Service Department, in general, and to its agent, Miss Oiesen, in particular.

Out of the acquisition of a visiting nurse and of a social worker grew, indirectly, two events of more or less common interest. By means of their personal visits upon the patient as a supplement to an investigation begun within

the clinic it was possible to criticise, with some satisfaction, the therapeutic efficiency of the service. A second result was the institution of so-called Conferences in which every member of the service participates. To them the nurse and the social worker bring their reports and their difficulties, and the worker within the clinic his observations. The total result is to bring everybody in the service into closer touch with the patients and with each other. The present perfected institution, through the outgrowth of the information-seeking meeting of those earlier days of the experimental period bear little resemblance, in the finish to which Dr. White has brought them, to their crude prototypes.

The value of being able to control the attendance of any given day is obvious. During Dr. Towle's service, statistics were obtained which throw some light upon how that desirable result may be best obtained. It was found that when the patient, visiting the clinic, was told verbally when to return and given a slip bearing the date, and that when the patient was, in addition, notified three days in advance, of his approaching appointment, that 68% of the patients came back on the very day they were told to, whereas, when no mail notice was sent, or when the mail notice was too elaborately phrased and was too impersonal, only 28% paid heed to their appointments. It was also observed that the more impersonal the phraseology, the greater the likelihood of resentment and wrath.

Another line of investigation emphasized a side of the obstacle which poverty may present to the realization of therapeutic expectations not always appreciated by the doctor prescribing. Not infrequently it was found that the patient had not the money with which to purchase the costly remedies ordered.

The success of the Dermatological Department in raising its standard of efficiency by means of assistants paid by money raised by subscription, inevitably raises a question as to the standard of the future, when money fails. How, then, shall efficiency be judged?

Following the policy of the preceding year, the physicians on the staff of the Dermatological Department have each pursued some line of special study.

Dr. C. J. White has continued his investigations, by means of the results of their cutaneous inoculation, into the possible rôle of food substances in the production of eczema. Dr. White also reports that he believes that he has found a rapid cure for verrucae planae juvenilis in the internal administration of mercury. He has treated a number of cases by this method with marked success.

Dr. Towle has continued his study of the relationship of indigestion to infantile eczema concerning which, with Dr. Talbot, he published a preliminary report in 1912. He has also continued his experiments with external vaccine therapy and with heliotherapy. At present, he is also making a preliminary study of the vasomotor reactions of the skin in anaphylaxis, the diathetic states and in the intoxications with especial reference to psoriasis.

Dr. F. S. Burns has studied the etiology of verruca planus.

Dr. E. L. Oliver has been especially interested in the study of radium and the Kromayer lamp in the treatment of diseases of the skin, in both instances, of necessity, furnishing his own outfit. He has also continued to treat parasitic diseases, especially of the scalp, with the X-ray.

Dr. J. H. Bufford has investigated the end results of the vaccine therapy begun, last year, with Dr. Dennie.

In association with Dr. Cummins, Dr. J. H. Blaisdell has undertaken a study of the metabolic conditions prevailing in psoriasis, with especial reference to carbohydrate indigestion.

White, C. J. Anaphylactic phenomenon in eczema, and the recent progress in our knowledge of the etiology and treatment of the disease. Jour. Cutan. Dis., 1916, xxxiv, 37.

White, C. J. Use of mercury in verrucae planae juvenilis. Jour. Cutan. Dis., 1916, xxxiv, 361.

Oliver, E. L. Problem of ringworm in children. Bos. Med. and Surg. Jour., 1916, clxxiv, 751.

The Industrial Clinic.

The Industrial Clinic has been established in the Out-Patient Department for the study of industrial disease and problems of industrial hygiene. The staff consists of Dr. Wade Wright who is in charge of the clinic, Miss Helen Bradford, a full time worker in charge of the

clinic's social service. Miss Cecilia Merkel, volunteer worker, and Miss Ruth Otis Ensign, secretary to the clinic.

Cases are referred to the clinic from the admitting line in the Out-Patient Department by a worker who selects from all admissions such cases as seem to warrant special investigation because of their hazardous trades. In addition to these, cases are referred from other clinics and from the House, totalling about five hundred cases a month. In the Industrial Clinic inquiry is made into the patient's work and important findings communicated to the clinic to which the patient was originally admitted.

Effort is made through factory and home visiting to fairly estimate the part industrial hazards and home hygiene play in diseased conditions. Not only through the consideration and treatment of individual patients, but through the accumulation of statistical material, it is hoped that definite and valuable contributions may be made toward the advance of higher standards of industrial hygiene and the prevention of industrial disease. The resources of the clinic are gladly made available to any plant or persons interested in problems of this nature.

The following personal report is made by members of the Surgical, Laryngological, and Orthopedic Departments.

Those who have not made any special report are occupied with special assignments (a list of which has already been published in the bulletin) and with the routine work of the Hospital Service.

Surgical Department.

Dr. Charles Scudder hopes to see established in connection with gastric cases, uniform records in the House and in the Out-Patient Department.

Second, the improvement in the technique of gastric operations;

Third, adequate pre-operative preparation in gastric cases;

Fourth, adequate post-operative treatment of gastric cases in conjunction with the Out-Patient Department Medical Service;

Fifth, the study of the significance of the red stippling sign in cases of chronic ulcer;

Sixth, a study of the end results folowing operation for chronic ulcer of the duodenum and stomach;

Seventh, in conjunction with Dr. G. A. Leland, Jr., the study of the HCl content in cases after operation for benign diseases of the stomach;

Eighth, in conjunction with Dr. G. W. Holmes, a study of the X-ray findings together with the operative findings in chronic ulcer cases;

Ninth, an attempt to discover some of the early signs of cancer of the stomach;

Tenth, in conjunction with Dr. G. W. Holmes, a study of the behavior of the motility of the stomach, following gastroenterostomy;

Eleventh, in conjunction with Dr. G. W. Holmes, a study of the group of cases of syphilis of the stomach.

In connection with the assignment of the lung cases especial interest has been taken in the development of the technique of the approach to lung abscess.

In connection with the assignment of esophageal surgery, steps have been taken to assure a safe technique in the removal of cancer of the esophagus. As yet, no case has presented itself for a complete carrying out of the technique planned.

In connection with the fracture assignment there is in preparation a detailed and very complete statement of the results of all fractures operated upon in this assignment. This report is being made with the assistance of Dr. G. A. Leland, Jr.

It is becoming more and more apparent that the non-operative treatment of fractures is not satisfactorily developed in the hospital. This fact is dependent upon many conditions. The necessity for the establishment of a continuous fracture service is more and more impressed upon those interested in fractures, in order that there may be a uniform policy in the treatment.

A study of the results of dislocation of the elbow is being made in conjunction with Dr. Marble.

A study of the results of fracture of the femur and of the tibia, and an X-ray classification of the lines of frac-

ture, is being undertaken in conjunction with Dr. R. F. Sheldon.

A study of the pathological fractures of bone is being undertaken in conjunction with Dr. R. H. Miller.

Dr. Charles A. Porter, during the past year, has been particularly interested in four problems: First, an attempt to estimate in what class of gastric-cancer patients it is advisable to attempt a radical cure. The mortality is, of necessity, rather high, and yet if left alone, within a year or less the mortality is 100%. The question of the advantage of drainage operations in cancer of the stomach is also under investigation. At present it would seem that those with stasis were sometimes markedly improved; whereas the relief from such an operation where a large amount of the body of the stomach was involved in the growth, seemed comparatively slight.

Secondly, Dr. Porter is still studying the subject of Graves' disease in an endeavor to reduce the mortality, and is making an effort to determine the value of basal metabolism as an index to the toxicity of the case. Since the introduction of the Coolidge tube, a thorough trial is being made of X-ray treatment, to see what it has to offer in the way of safety from surgery.

Thirdly, the subject of peripheral nerve surgery, while the cases are not very numerous, is still fascinating. Were it not for a shortage of novocaine, which it is hoped will soon be overcome, the advantages of local over general anaesthesia were to be investigated. Dr. Porter feels that the hospital is behind in recognizing the great value of local anaesthesia.

Dr. Farrar Cobb, in 1915, completed for the present his work upon cancer of the uterus. Ninety-eight cases in all were treated, eight of which were cases of cancer of the body of the uterus in which a simple hysterectomy was done, and in regard to which there is no need of discussion, since the special assignment on cancer of the cervix had been completed. Of this form of cancer of the uterus there were 90 cases. In 35 cases a radical (Wertheim) hysterectomy was done, in 55 cases only some form of palliative operation could be done.

During this special work, Dr. Cobb has analyzed all the

cases of cancer of the uterus at the Massachusetts General Hospital in the fifteen years, from 1900 to 1914 inclusive, from a point of view of:

(*a*) Operability,
(*b*) Immediate operative mortality,
(*c*) End results,

and has contributed three papers to medical journals, the last one published in the Cancer Number of the *Boston Medical and Surgical Journal,* July 15, 1915.* In this paper Dr. Cobb's work and end results are described in detail. The first paper on the subject was reprinted in the medical and surgical Publications of the Hospital, vol. IV, page 1.

Dr. Cobb has studied especially cancer of the cervix with three objects in view:

1. To contribute some technical methods of value and, by so doing, to make the operation of hysterectomy more radical and possibly easier, and thereby reduce the immediate mortality.
2. To gain through such improved technique an increasing percentage of cured cases.
3. To study methods of palliative treatment in the advanced or incurable cases.

Dr. Cobb believes that his work has shown that the ligating of the internal iliac arteries in the operation of hysterectomy does not cause post-operative cystitis or increase the chances of pelvic necrosis and suppuration, as had been taught previously, but that, on the contrary, it is a desirable method; also, that the method of isolating the ureters and lifting them up out of the field by tapes, is of distinct value and that one does not cause ureteral necrosis or fistula formation; also, that the combined method of spinal and general anaesthesia does prevent shock to a great extent.

The immediate mortality of the radical (Wertheim) hysterectomies at the hospital has been reduced from 20+% to 14+%. The total number of radical hysterectomies from 1900 to 1915 inclusive being 59, with an immediate mortality of 12, or 20+%: the total number of

*Vol. clxxiii, page 85.

Dr. Cobb's hysterectomies for cancer of the cervix at the hospital was 35, with an immediate mortality of 5, or 14+%.

Dr. Cobb has been able to keep track of the end results in all of the radical hysterectomies done by him.

From the results of a series of 23 cases, Dr. Cobb believes that ligation of both internal iliac arteries and a thorough cauterization of the diseased cervix is the most palliative measure in advanced cases and one that gives the greatest relief from pain and haemorrhage.

During the past year Dr. Hugh Williams, although assigned to no special work, became interested in the drainage of wounds, particularly those of perforated duodenal ulcers, and pancreatic fistulae through the common bile duct. For the purpose a water suction pump was used successfully, but was found clumsy and hard to regulate.

Dr. Williams then began experimenting with an electric pump, which is now perfected, and has been tried out with entire success. It can be run continuously at an expense of one half cent per hour. Its longest period of continuous running at the Massachusetts General Hospital was three weeks, and it was only stopped then because a pancreatic fistula had healed. It is the only electric pump that can be run continuously for weeks at a time. All other pumps are run by high speed motors, which will burn out after a day or two.

Dr. Williams desires to use the pump to cases of:

1. Cholecystotomy and choledochotomy.
2. Pancreatic fistula.
3. Deep abscess.
4. Supra-pubic cystostomy.
5. Empyema.
6. Pulmonary abscess.

Dr. Williams wishes to test out and compare the healing of wounds with and without the pump. It has already been demonstrated that it will save life in duodenal fistulæ.

Dr. Lincoln Davis has had the assignment of cancer of the cervix from August 1, 1915, to August 1, 1916. There have been 24 cases of this disease treated under this assignment. In 7 cases radical hysterectomy was done,

without operative mortality. In 17 cases in which the disease was considered irremovable, palliative operations were performed. The complete Percy technique was carried out in 9 cases. In 8 very advanced cases, curettage and cauterization only was done; in one of these cases, with severe bleeding, enucleation of the protruding growth, with cauterization, was followed by death in the hospital.

Through the coöperation of the Collis P. Huntington Memorial Hospital, radium is being applied in the cases of irremovable cancer.

The number of cases in this series is too limited and the time elapsed too short, to permit of any conclusions being drawn as to the ultimate results of treatment. The cases are being kept under observation and data collected which it is hoped in time may be useful in determining the relative values of the different methods of treatment.

In connection with Dr. G. M. Balboni of the Medical Staff, Dr. Davis is making an investigation, for the purpose of publication, of all the cases of echinococcus disease (some 30 in number) that have come under treatment at the Massachusetts General Hospital. Also, a study has been made of 1500 consecutive cases of inguinal hernia, for the purpose of learning the percentage of failures and complications in this very frequently performed and satisfactory operation. The results of this study have been published in an article in the *Journal of the American Medical Association,* issue of August 12, 1916.

Dr. Beth Vincent has continued his studies upon coagulation of the blood, which are being undertaken in collaboration with Dr. R. I. Lee. The questions under investigation are:

1. An experimental investigation of the behavior of platelets in anaphylactic blood and in leech extract blood, which was the basis of a paper: "A study of the effect of anaphylaxis and leech extract on the coagulation of the blood." Jour. Med. Res., 1915, xxvii, 445.

2. An investigation of the causes of delayed coagulation in obstructive jaundice, based on a series of hospital cases and some experimental work. The paper on this work is entitled: "The relation of calcium to the delayed

coagulation of blood in obstructive jaundice.'' Arch. Int. Med., 1915, xvi, 59.

With Drs. Lee and Robertson, Dr. Vincent studied in detail a series of cases of pernicious anemia before and after splenectomy and reported on the results of transfusion and splenectomy in this disease in a paper: ''Immediate results of splenectomy in pernicious anemia.'' Jour. Am. Med. Assn., 1915, lxv, 216.

With Dr. Joseph H. Pratt, Dr. Vincent did some experimental work, which is still in progress, on the changes in fat metabolism and sugar tolerance in dogs from which the pancreas had been removed or in which pancreatic grafts had been left in the spleen and subcutaneous tissues of the abdominal wall. During the past year he has worked out the details of blood transfusion with paraffin-coated needles and tubes. The use of this method in the hospital and in his private work has shown that it is a practical one which enables the operator to avoid an incision on the donor in most of the cases in adults, and makes it possible to do the operation easily and safely in infants, by means of the needle, without incision.

For four months Dr. Vincent was absent from the hospital, working at the American Ambulance in France. Since his return, Drs. Greenough, Osgood and Dr. Vincent have made their experiences the basis of two short reports: ''Gun-shot Fractures of the Extremities,'' Boston Med. and Surg. Jour., 1916, clxxiv, 37; and ''Gun-shot Wounds of the Soft Parts,'' Boston Med. and Surg. Jour., 1916, clxxiv, 153.

Dr. Vincent believes that cases of anemia, which may be helped by transfusion and splenectomy, divide themselves into three groups: the primary anemias, the secondary anemias with large spleens in adults, splenic anemia and chronic family jaundice; and the ill-defined group of anemias with large spleens in infants and children, about which there is, as yet, so much indecision as to which, if any, are suitable for surgical treatment.

The cases of pernicious anemia have been followed long enough to say that splenectomy does not cure the disease; but only the end results will show whether the apparent

improvement has been of sufficient duration to make the operation worth while. It should also be established, whether these results can be bettered by doing the operation at an early stage of the disease, and whether these cases without their spleens, although not cured, are rendered more amenable to transfusion and other medical treatment. All these cases which have had transfusion or splenectomy, furnish material for study as regards the stimulation of the bone marrow, the regeneration of the blood and destruction of the red cells. Dr. Sellards and Dr. Minot are anxious to do work along these lines.*

The surgery of the central nervous system was assigned to Dr. William Jason Mixter. There have been from 80-100 cases a year, with the assignment steadily increasing in number. The most effective series of cases has been fractures of the skull, and Dr. Mixter is studying and comparing these cases treated in the past at this hospital, with a view to solving the following questions:

1. Is the mortality of fractures of the base lowered by immediate operation?
2. What class of cases should be operated upon?
3. What are the criteria for immediate operation?

Another group of great interest is tumors of the spine and cord. There has been a series of 19 such cases up to the present time, and conclusions and results will be presented in the near future.

A more careful and complete study of the neurological cases which have been admitted to the surgical wards has been attempted, and there has been an effort made to make the records more complete and uniform.

The inter-relation between the Surgical Service and the Neurological Department has been fostered, and at present it has been arranged that Dr. Mixter shall see cases in the Nerve Room of the Out-Patient Department one day a week all the year round, while members of the Neurological Staff have been definitely assigned to the work of following cases in the wards, and consulting in the Emergency Ward on all emergency cases.

* Sellards, A. W., and Minot, C. R. Injection of hemoglobin in man and its relation to blood destruction, with especial reference to the anemias. Jour. of Med. Res., 1916, xxix, 469.

Dr. John B. Hartwell has been interested in the diagnosis and treatment of spinal fractures, especially those which are not immediately accompanied by symptoms referable to cord injury. The results of the study of several cases, from a diagnostic point of view, were reported in the *American Journal of Orthopedic Surgery* for February, 1916.*

The further study of these same cases with others that may present themselves, with special attention to the comparative efficacy of retentive apparatus and bone grafting operations, is now under way.

Dr. E. H. Risley has been following during the past year all burned cases entering the House for treatment, and has been able to formulate several conclusions as to the detailed treatment of these cases. Mortality statistics of the two sets of cases treated on the East Surgical Service by open air, and on the West Surgical Service by picric acid, show that as regards the recovery from primary shock, cases not subjected to any form of first dressing, but placed immediately in a super-heated room, do better than those cases in which a dressing is attempted.

Picric acid, while not superior to the open air, is far superior to boric ointment or any of the oily dressings. The use of normal salt solution compresses, after about the first week, is a very desirable procedure.

Sepsis *can* be prevented by proper sterilization (alcohol) of the skin surrounding the burned area, plus careful attention to all discharges forming. The early application of splints, and resort to Zander *does* overcome contractions to a large degree.

Dr. Risley desires to continue his observations on such cases and to try the tincture of the chloride of iron on a series.

There have been 48 burned cases treated in the House since May, 1914. Of these, 20 were East Surgical and 28 West Surgical. Seven East Surgical cases died, all of primary shock or of some early fatal complication, such as pneumonia (2), senility (1), and debility (7). Three West Surgical cases died, all of shock. There were no

* Fractures of the spine without paraplegia. Amer. Jour. Orth. Surg., 1916, xiv, 82.

cases of sepsis. No comparison between the two methods of treatment is possible from the statistics, as those dying did so from causes acting before and unaffected by the treatment.

Laryngological Department.

The staff has been enlarged by the appointment of four assistant physicians to the department, each of whom has a daily service of three months and holds a similar position at the Eye and Ear Infirmary. These men are Dr. D. C. Smyth, Dr. W. C. Harkins, Dr. E. W. Herman, and Dr. H. G. Tobey.

Dr. J. L. Goodale has established a special clinic in the department for the study of cases of anaphylaxis, especially those connected with the upper respiratory tract, including vasomotor rhinitis, hay fever and asthma.

Dr. H. P. Mosher has continued work upon diseases of the oesophagus, including anatomical work along this line in the Medical School.

Dr. D. C. Greene has given special attention to operation for collapsed alae.

Dr. W. F. Knowles has done the same in operations on the accessory sinuses.

Dr. G. H. Wright, Dentist to the Department, has been interested in the post-operative restorations of the maxilla and mandible, and in the study of trigeminal neuralgia.

Dr. W. B. Swift has established a weekly clinic for the treatment of defects in speech.

Goodale, J. L. Skin reactions by various bacterial proteids in certain vasomotor disturbances of the upper air passages. Bos. Med. and Surg. Jour., 1916, clxxiv, 223.

Goodale, J. L. Diagnosis and management of vasomotor disturbances of the upper air passages. Bos. Med. and Surg. Jour., 1916, clxxv, 181.

Orthopedic Department.

The work in the Orthopedic Department has been necessarily divided into special assignments, on account of the large increase of patients, as follows:

Dr. M. S. Danforth has had the care of the plaster-of-Paris treatment of scoliosis, and he has continued to use the Forbes and Abbott methods of forcible correction.

Dr. E. W. Fiske has had the care of the treatment of congenital club-foot cases, which has been the repeated application of plaster of Paris.

Dr. Lloyd Brown has conducted a posture class for cases of mal-posture requiring training as well as support.

Dr. H. C. Low has conducted a class of heliotherapy for suitable cases of bone tuberculosis, particularly those of the hip and spine.

These special assignments have demonstrated the advantage of concentration and segregation of special cases requiring particular and continuous care.

The Social Service detailed a larger corps of assistants to the Department this year which has very decidedly aided in the organization of the work, especially in bringing the Out-Patient Department and the House into closer relationship.

FREDERIC A. WASHBURN,
Resident Physician.

PRESS OF JAMAICA PRINTING COMPANY, BOSTON, MASS.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN TWENTY-FOUR FEBRUARY 1, 1917

The following appointments have been made by the Trustees since the publication of the last Bulletin:

Dr. WILLIAM P. MCDOWELL as House Officer to the Children's Medical Department.

Dr. A. CLEMENT SILVERMAN as House Officer to the Children's Medical Department.

Dr. GEORGE BYRON PACKARD, JR., as House Surgeon on the East Surgical Service.

Dr. FREDERICK F. FURFEY as Out-Patient Dentist.

Dr. WILLIAM H. GULLIFER as Out-Patient Dentist.

Dr. WILLIAM DUNCAN REID as Assistant Physician to Out-Patients.

Miss PAULINE L. DOLLIVER as Assistant to the Resident Physician in the new Private Ward.

Dr. GEORGE W. HOLMES as Roentgenologist on full time service beginning with the opening of the new Private Ward.

The Trustees have accepted the following resignation from the staff:

Dr. FREDERICK J. GOODRIDGE as Assistant in Surgery assigned to the Orthopedic Department.

Upon recommendation of the Dalton Scholarship Committee, it was voted by the Trustees:

That Dr. GEORGE R. MINOT be awarded one of the Dalton Scholarships.

The Warren Triennial Prize was awarded to Dr. D. Nöell Paton of Glasgow Scotland. The subject of his paper was "The Parathyroids."

A committee has been appointed to co-operate with the committee appointed by the Trustees to arrange for a fitting memorial to Dr. Walter J. Dodd.

The Surgical Executive Committee has made the following assignments for the year:

Exophthalmic Goitre:

Dr. C. A. Porter, Feb. 1, 1917, to Feb. 1, 1918.

Peripheral Nerve Surgery:

Dr. C. A. Porter, Feb. 1, 1917, to Feb. 1, 1918.

Gastric Surgery:

Dr. C. L. Scudder, E.S., Feb. 1, 1917, to Feb. 1, 1918.
Dr. C. A. Porter, W.S., Feb. 1, 1917, to Feb. 1, 1918.
In this assignment cases for operation will be passed to the surgeons of the general service frequently.

Chronic Empyema:
Lung Abscess:

Dr. Wyman Whittemore, E.S. & W.S., Feb. 1, 1917, to Feb. 1, 1918.

Fractures:

Dr. C. L. Scudder, E.S. & W.S., Feb. 1, 1917, to Feb. 1, 1918.

This assignment is for one year, and includes the non-operative and operative cases. Dr. Scudder will associate with him certain of the Out-Patient Department staff. The entire group will keep intimately in touch with all O.P.D. fractures as well as those in the house. It is expected by this arrangement that this group of cases will receive special consideration. During Dr. Scudder's vacation time, the Visiting Surgeon on duty on each service will take his place.

Carcinoma of the Uterus:

Dr. Lincoln Davis, Feb. 1, 1917, to Feb. 1, 1918.

Carcinoma of the Rectum:

Dr. D. F. Jones, Feb. 1, 1917, to Feb. 1, 1918.

Cancer of the Mouth, Jaw and Lip:

Dr. Farrar Cobb, E.S., Feb. 1, 1917, to Feb. 1, 1918.

Dr. R. B. Greenough, W.S., Feb. 1, 1917, to Feb. 1, 1918.

Sterility Cases:

Dr. Lincoln Davis, E.S., Feb. 1, 1917, to Aug. 1, 1917.

Dr. H. Williams, W.S., Aug. 1, 1917, to Feb. 1, 1918.

Osteomyelitis:

Dr. C. C. Simmons, Feb. 1, 1917, to Aug. 1, 1917.

Cases of Splenectomy in Splenic Anemia:

Dr. Beth Vincent, Feb. 1, 1917, to Feb. 1, 1918.

Surgery of the Central Nervous System, including Fractures of the Skull and Spine:

Dr. W. J. Mixter, E.S. & W.S., Feb. 1, 1917, to Feb. 1, 1918.

Dr. Horrax, Assistant, Feb. 1, 1917, to Feb. 1, 1918.

These cases are to be admitted, so far as possible, upon the two surgical services equally.

*Study of Fractures of the Spine:

Dr. J. B. Hartwell, Feb. 1, 1917, to Feb. 1, 1918.

*Study of Burns:

Dr. E. H. Risley, Feb. 1, 1917, to Feb. 1, 1918.

The surgeon on duty to whose service the case is admitted is responsible for the treatment of these cases.

*Study of Tetanus:

Dr. R. H. Miller, Feb. 1, 1917, to Feb. 1, 1918.

The surgeon on duty to whose service the case is admitted is responsible for the treatment of these cases.

Septic Joints:

Dr. Lincoln Davis, Feb. 1, 1917, to Aug. 1, 1917.
Dr. D. F. Jones, Aug. 1, 1917, to Feb. 1, 1918.

Colon Stasis:

Dr. G. W. W. Brewster, Feb. 1, 1917, to Feb. 1, 1918.

*Study of Bone Tumors:

Dr. C. C. Simmons, Feb. 1, 1917, to Feb. 1, 1918.

Gastrostomy in Esophageal Stricture:

Dr. E. P. Richardson, Feb. 1, 1917, to Feb. 1, 1918.

*Study of Cases of Angioma and Sarcoma:

Dr. T. W. Harmer, Feb. 1, 1917, to Feb. 1, 1918.

Surgery of Pancreatitis and Cirrhosis of the Liver:

Dr. H. Williams, Feb. 1, 1917, to Feb. 1, 1918.

*A case in any "Study" group is to be reported by telephone to the individual assigned to this group by the House Surgeon in charge of the case immediately upon its entrance to the Hospital.

The "Study" group of cases does not carry with it the right to operate.

FREDERIC A. WASHBURN,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL

BULLETIN TWENTY-FIVE NOV. 17, 1917

Since the last issue of the Bulletin, the following changes have been made:

Feb. 7. Dr. FARRAR COBB resigned as Visiting Surgeon.

Feb. 23. Dr. JAMES B. AYER appointed Neurologist.

Mar. 23. Dr. D. F. JONES appointed Visiting Surgeon.

Apr. 6. Dr. R. B. OSGOOD appointed Visiting Orthopedic Surgeon.

Dr. Z. B. ADAMS, Dr. M. H. ROGERS, Dr. C. H. BUCHOLZ — Appointed Assistant Visiting Orthopedic Surgeons

Dr. H. C. LOW, Dr. L. T. BROWN, Dr. M. H. DANFORTH, Dr. L. A. O. GODDU, Dr. H. W. MARSHALL — Appointed Orthopedic Surgeons to Out-Patients

May 18. Dr. J. B. HARTWELL resigned as Assistant Surgeon to Out-Patients.

New appointments:

Feb. 23. Dr. A. S. MERRILL appointed Assistant Roentgenologist.

Apr. 26. Dr. D. C. SMYTH appointed Assistant Laryngologist.

Dr. MICHELE NIGRO, Dr. G. J. HILL — Appointed Assistant Physicians to Children's Out-Patients

Dr. E. D. MCCARTY appointed House Physician in X-Ray Department.

June 15. Dr. G. W. Morse, Dr. G. D. Cutler, Dr. F. W. Marvin — Appointed Assistant Surgeons to Out-Patients.

Aug. 24. Dr. W. R. Sisson appointed Physician to Children's Out-Patients.

Oct. 5. Dr. B. H. Ragel appointed Assistant Physician to Out-Patients.

May 6. Position of Associate Surgeon created. Dr. Hugh Williams and Dr. Lincoln Davis appointed as first Associate Surgeons.

Temporary appointments:

Dr. J. W. Cummin
Dr. W. P. Coues
Dr. R. H. Vose
Dr. G. O. Clark
Dr. J. M. Little, Jr.
— Assistant Surgeons to Out-Patients

Dr. J. Payson Clark, Laryngologist.

Various Data:

May 1, 1917. Term of service of House Officers changed to 12 months on the Medical Service, and 14 months on the Surgical Service. This is in order to allow men to accept commissions in the Medical Corps at as early a date as possible.

May 17, 1917. First patient entered the new Private Ward.

On account of war conditions the Departments of the Hospital listed on the following page have been temporarily closed.

Mar. 31, 1917.	Convalescent Home.
June 8, "	Industrial Clinic.
July 1, "	Hydrotherapeutic Department.
Aug. 11, "	Psychiatric Clinic.
Aug. 17, "	Cardiac Clinic.
Sept. 10, "	Zander Room.
Sept. 28, "	Consultation Clinic.

Sept. 1, 1917.	Much of the detail work on Clinical Records has been given up, on account of the necessity of reducing the number of clerks. It is understood that this is temporary, and that in due time this important work will be resumed.
Oct. 22, 1917	Old Zander Room opened as a ward for patients to be received from the U. S. Navy.
Oct. 23, 1917	Twenty-two patients received from the Chelsea Naval Hospital.

Treadwell Library Notes:

Attention is called to the extensive War Bibliography, collected by the Librarian from periodical literature. This is carefully classified, and is being extensively used by the American Red Cross Headquarters in Washington. Additions are made from week to week. The original cards are filed in the regular book catalogue in the Library.

Various Manuals of the Army and Navy are in the Library, also several recent publications on war topics.

Mr. C. H. W. Foster has presented the file of French publications known as the "Collection Horizon," published by Masson et Cie., Paris.

For purposes of Hospital history, it is requested that any member of the Staff leaving for duty on any branch of military service give such information to Mrs. Myers, in order that it may be properly recorded.

The following special assignments were made on July 18th, 1917:—

1. Cases of *Brain Tumor*, shall be in charge of Dr. Charles A. Porter.
2. Cases of *Traumatic Head and Spine Injuries* shall go to the General Service in rotation.
3. Cases of diseases of the *Spleen* shall go to the General Service in rotation.
4. Cases of *Sterility* shall go to the General Service in rotation.
5. Cases of *Carcinoma of the Uterus* shall be in charge of Dr. George W. W. Brewster.
6. Cases of *Cancer of the Mouth, Jaws and Lips*, shall be in charge of Dr. Hugh Williams.

Attention is called to the rule that no student is to give any treatment to patients unless the student shall have received the appointment of "Student Assistant." No one is to be recommended for such an appointment unless the physician in charge of the clinic is satisfied as to the fitness and skill of the student.

Arrangements have been made to open the fourth floor of the new Private Ward to the Staff and the Alumni, for the care of Obstetrical cases.

JOSEPH B. HOWLAND,
Acting Resident Physician.